

**HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
SEPTEMBER 24, 2014
APPLICATION SUMMARY**

NAME OF PROJECT: Coram Alternate Site Services, d/b/a CVS/Specialty Infusion Services

PROJECT NUMBER: CN1406-017

ADDRESS: 10932 Murdock Drive, Suite 101A
Knoxville, (Knox County), Tennessee 37932

LEGAL OWNER: Coram Specialty Infusion Services, Inc.
555 17th Street, Suite 1500
Denver, (Denver County), Colorado 80202

OPERATING ENTITY: Not Applicable

CONTACT PERSON: Alix Coulter Cross
Harwell, Howard, Hyne, Gabbert and Manner
333 Commerce Street, Suite 1500
Nashville (Davidson County), Tennessee 37201
(615) 251-1047

DATE FILED: June 6, 2014

PROJECT COST: \$95,200

FINANCING: Cash Reserves

PURPOSE FOR FILING: Establishment of a home care organization to provide specialized home health services related to home infusion ancillary to its pharmacy

DESCRIPTION:

Coram Alternate Site Services is requesting approval to establish a home care organization to provide the following specialized home health services related to home infusion: administer home infusion products and related infusion nursing services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports in a 32 county area primarily in East Tennessee. If

approved, the applicant plans to operate from its licensed home infusion pharmacy which is located at 10932 Murdock Drive, Suite 101A, Knoxville (Knox County), TN.

SERVICE SPECIFIC CRITERIA AND STANDARD REVIEW

HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.
2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

3. Using recognized population sources, projections for four years into the future will be used.
4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, estimation will be made as to how many patients could be served in the future.

The Department of Health report that is based on 2013 data indicates that 30,116 service area residents will need home health care in 2018; however 61,655 patients are projected to be served in 2018 resulting in a net excess of (31,540).

It appears that this application does not meet the criterion.

5. Documentation from referral sources:
 - a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

The applicant provided 3 potential referral letters (located in Attachment C, Home health Services) from physicians in the proposed service area. The 3 physicians reference providing care from offices in only 5 of the 32 counties in the service area (Anderson, Blount, Bradley, Hamblen, Knox,

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and Sevier Counties). No indication is given regarding the potential number of referrals.

Since the applicant is requesting a 32 county service area, it appears that this criterion may be only partially met.

- b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

The applicant notes 100% of the 162 cases in Year One will consist of infusion related skilled nursing home health visits. A table listing skilled home health visits by infusion therapy type in Year 1 is listed on the top of page 52. In Supplemental 2, the applicant provided a table of the projected number of cases by category. However, as previously noted, the 3 physician referral letters do not specify the number of referrals.

It appears this criterion may be partially met.

- c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

The applicant provided 9 letters in Attachment C, Home Health Services. Only 5 of the 9 letters were pertinent to this application. The other 4 were pertinent to the West Tennessee Coram application that is also being heard on the same agenda. However, as previously indicated, the physician letters did not indicate the number of potential referrals nor that the physician has been unable to find appropriate services. The letters from the 2 potential patients that are relevant to this application (residing in Bradley and Sevier Counties) focus on the difficulty in locating a proficient home health provider specialized in infusion nursing services.

Since the applicant is requesting a 32 county service area, it appears that this criterion may be only partially met.

- d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

Coram does want to provide services different from a typical home health agency in that it wants to limit its services to home infusion related services. The infusion services would be provided by a CRNI (certified registered nurse infusion). The applicant claims these services and credentials are unique and are not typical of the average Medicare certified home health agency.

It appears this criterion may be met.

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

- a. The average cost per visit by service category shall be listed.

The average cost for a skilled nursing visit for the applicant is projected to be \$140.00 in Year One.

It appears this criterion has been met.

- b. The average cost per patient based upon the projected number of visits per patient shall be listed.

The applicant projects to serve 162 patients in Year One. The applicant's projected average cost per patient will be \$1,033.00.

It appears this criterion has been met.

Staff Summary

Note to Agency members: This staff summary is a synopsis of the original application and supplemental responses submitted by the applicant. Any HSDA Staff comments will be presented as a "Note to Agency members" in bold italics.

Summary

The proposed home health agency will be located adjacent to the applicant's infusion pharmacy. The payor types of home health patients to be served by the applicant will be privately insured, self-pay, or medically indigent patients under the age of 65 who do not qualify for Medicare and Medicaid services. The applicant does not intend to certify its limited service home health agency for Medicare and Medicaid.

The applicant will on occasion provide services to Medicare and TennCare infusion patients. The applicant will either bill those patients at the applicant's self-pay rate for a private nursing visit, or apply the visit to the applicant's self-pay rate for a private nursing visit, or if the patient qualifies apply the visit to the applicant's charity care and bad debt policy.

The applicant's pharmacy is licensed by the State of Tennessee and is Joint Commission Accredited. The pharmacy participates in both Medicare and TennCare and also serves medically indigent patients.

In addition to infusion services, Coram Specialty Infusion Services would provide additional infusion-related services such as line maintenance, phlebotomy services, infusion equipment repair and replacement, and dressing changes on central lines and external access ports. These services will be provided by a registered nurse who is appropriately credentialed and is certified with a certified registered nurse infusion (CRNI) designation. The infusion product will be compounded at the applicant's licensed pharmacy and taken by secure courier to the patient's home where it will be met by the infusion nurse for administration. Types of infusion products to be administered include: antibiotics; total parenteral nutrition (TPN); hydration; cardiac products (such as inotropic therapies); intravenous immunoglobulin (IVIG) and other similar specialty drugs; pain management; antiemetic; and steroids. The types of patients served by Coram who have demonstrated needs for infusion nursing services in the home which are otherwise unavailable from other home health agencies include the following:

- Specialty Patients Requiring IVIG -Intravenous immunoglobulin is given as a plasma protein replacement therapy for immune deficient patients who have decreased or abolished antibody production capabilities.

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- Alpha 1 Therapies-Alpha -1 antitrypsin infusion therapy is given to treat the genetic disorder alpha-1 antitrypsin deficiency that causes defective production of the alpha-1 antitrypsin (A1AT) leading to decreased A1AT in the blood and lungs.
- First Dose Administration-First time a prescribed infusion therapy is provided to a patient.
- Low Intervention Patients-Patient who are not homebound and do not require significant intervention; they are taught to self-administer thereby limiting the number of home skilled nursing visits.
- Three Dose Schedule Patients-Infusion therapy patients whose therapy is administered three times throughout a day.
- Rural Patients-Patients living outside urban areas where there is an abundance of major medical centers and infusion centers
- Pediatric Patients-Children requiring infusion therapy products and services.

The applicant states that the types of patients requiring these infusion services include patients with compromised immune system or auto immune disorders, transplant patients, congestive heart failure patients, patients who cannot consume nutrition or food via regular intake, hemophiliacs or patients with other blood clotting disorders, patients with progressive emphysema, and other conditions.

An overview of the project is provided in Attachment B-1 of the original application.

Ownership

The applicant is a wholly owned subsidiary of Coram Specialty Infusion Services, Inc., which has as its ultimate parent CVS Caremark Corporation, also a Delaware corporation. The applicant owns 3 pharmacy branches in the state located in the cities of Memphis, Nashville, and Knoxville. The applicant has a home health agency specializing in infusion services based in Nashville with a licensed service area of 38 middle Tennessee counties.

Facility Information

- The proposed project will be part of existing leased space consisting of 2,545 square feet of office space

- The current office space includes a pharmacy, distribution warehouse and administrative offices and support space.
- There is no construction, renovation or modification required to implement the proposed project.

Project Need

- The applicant indicates general home health agencies do not typically provide the following services that the applicant proposes to provide: 1) therapies in excess of three hours, 2) infuse blood or blood products in the home, 3) take on patients that are not homebound and do not qualify for Medicare reimbursement, 4) provide first dose administration, 5) staff for patients needing 3 doses a day every eight hours, and 6) provide infusion services to pediatric patients and to patients residing in rural areas.
- Discharged hospital patients requiring infusion nursing services either have to travel to the hospital or infusion therapy centers to continue receiving this service.
- Patient having first dose infusion services at home may reduce length of stay at the hospital.
- The applicant performed a service area study that had several components. One component was a profile of a typical Medicare-certified home health agency patient and infusion therapy patient, which is summarized in the chart below:

Variable	Medicare Home Health Agency	Infusion Agency Nursing Agency
Average Visit Duration	One to Two Hours	Up to six hours
Equipment	Generally not involved	Typically includes infusion equipment
Payor	87% Medicare and TennCare Patients	Private Insurance mainly
Age	Approximately 73% Over Age 65+	Predominately under Age 65
Service Provided	46% is skilled nursing. Balance of service includes therapy, home health aide, and medical social services.	100% specialized skilled nursing
Patient Status	Homebound	*Patient may or may not be homebound

**Applicant states that a non-homebound patient may not have reasonable geographic or financial access to reach an ambulatory infusion center, hospital, or other venue for infusion. The applicant also states that home infusion therapy is more cost effective than infusion in an institutional setting.*

- The study also included a survey of area home health agencies regarding their availability for infusion services for several scenarios. The applicant received 46 agency responses which in general indicated that at least 54% indicated that they did not provide infusion services. In the case of first dose administration, 79% of the agencies indicated that they did not provide the service.
- The study also included individual patient profiles (patients identified as patient #1, patient #2, etc.) indicating hardship in locating an agency to provide their infusion services and the agencies that declined to provide the service.
- To see the details of this service area study, see pages 31-43 of the original application.
- *Note to Agency members: The Department of Health Report indicated that based on 2013 data, 30,116 service area residents will need home*

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health care in 2018; however 61,655 patients are projected to be served in 2018 resulting in a net excess of (31,540). Please note that this need is calculated for all home health patients, not just those needing home infusion services.

Service Area Demographics

- The total population of the 32 county service area is estimated at 1,957,550 residents in calendar year (CY) 2014 increasing by approximately 3.5% to 2,025,796 residents in CY 2018.
- The overall statewide population is projected to grow by 3.7% from 2014 to 2018.
- The 65 and under population will increase 1.6% from 1,608,470 in 2014 to 1,634,130 in 2018. The statewide 65 and under population will increase from 14.9% in 2014 of the general population to 16.1% in 2018.
- The latest 2014 percentage of the service area population enrolled in the TennCare program is approximately 17.5%, as compared to the statewide enrollment proportion of 18.1%.

Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics, U.S. Census Bureau, Bureau of TennCare.

The 32 counties that consist of the applicant's proposed service area are presented in the table below:

Anderson	Grainger	Loudon	Roane
Blount	Greene	McMinn	Scott
Bradley	Hamblen	Meigs	Sevier
Campbell	Hancock	Monroe	Sullivan
Carter	Hawkins	Moore	Unicoi
Claiborne	Jefferson	Morgan	Union
Cocke	Johnson	Pickett	Van Buren
Fentress	Knox	Polk	Washington

Note to Agency members: Two of the 32 counties included in the proposed service area are located in Middle Tennessee (Moore and Van Buren). Moore and Van Buren are not adjacent to any county in the proposed service area. While the applicant claims that Moore and Van Buren Counties can be equally served from the Knoxville agency that is the subject of this application or the previously approved Nashville agency "because the Applicant's nurses are not generally dispatched from the agency office, but rather directly from home", Agency staff believes this would not constitute a reasonable service area. When considering a certificate of need application, the Agency is to consider the general criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. One of the criterion for determining Need is the reasonableness of the service area. Please refer to the attached map at the back of the summary.

Please note that Moore and Van Buren were originally included in Coram's application for a similar agency, which proposed to serve 40 counties in the Middle Tennessee area-CN1205-020A. However, Coram did not provide sufficient public notice in Moore and Van Buren in the Middle Tennessee application, so when the application was before the Agency for consideration, Moore and Van Buren Counties could not be considered. The Middle Tennessee application was approved for a 38-county service area in Middle Tennessee from its home infusion pharmacy location in Nashville.

The Coram agency based in Nashville could request to add these two counties to its license in a separate CON application.

Service Area Historical Utilization

The applicant identified 81 existing home health agencies that reported utilization in at least one of the 32 service area counties. The applicant reported that 59,052 patients were served in 2011 increasing 1.9% to 60,189 patients in 2013:

Note to Agency members: The Joint Annual Report does not capture utilization data specific to home infusion patients. There is not a known public database available that reports this type of data.

When the Coram Alternative Site Services application for home infusion nursing for Middle Tennessee was reviewed in 2012, HSDA staff contacted the Tennessee Association of Home Care (TAHC) regarding home health providers and the Tennessee Hospital Association (THA) regarding hospital-based home care providers.

TAHC indicated the following:

- *TAHC membership applications on file indicate that 224 home health offices (parents and branches) offer infusion therapy services.*
- *Standard home health policy is that first dose should be completed in the hospital setting*
- *The majority of home health agencies partner with an infusion company for administration of the second dose in the home.*
- *The home health nurse continues to support the patient's needs with observations and reports to the physician. It is unrealistic to think that a home health provider could limit their care to only infusion therapy. Infusion may be the primary need but these are typically patients with multiple chronic illnesses and co-morbidities who need a holistic, multi-disciplinary approach to their health care*
- *The barriers to home infusion therapy are generally noted as staffing and adequate payment. This is a growing issue for all homecare providers as both governmental and commercial payors continue to look to provider payments to cut costs.*

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- *Homebound status is only a Medicare issue. An infusion company would be held to the same standard if it were a Medicare-certified home health agency.*

THA's response included that a "typical" home care provider does not provide infusion administration for:

- *Patients requiring 6 hour therapies*
- *Medicare patients who are not homebound. This applies only to Medicare. Many non-Medicare patients who are not homebound are served*
- *Patients requiring first dose administration*
- *Patients requiring three doses daily*

THA does go on to state that member home health agencies see patients in every county in the state and that there are pediatric programs often affiliated with pediatric hospitals such as Vanderbilt, Methodist LeBonheur, and East Tennessee Children's Hospital.

HSDA staff received confirmation in an email from a representative of TAHC that the TAHC information provided in 2012 is still accurate in 2014.

Projected Utilization (Applicant)

- 162 patients are projected in Year 1 (2015) and 178 patients in Year 2 (2016) representing 1,194 and 1,313 skilled nursing visits, respectively.

Project Cost

Major costs of the \$95,200 total estimated project cost are:

- Legal, Administrative, Consultants Fee- \$88,000 or 92% of total cost
- Prorated Lease- \$4,200 or 4.4% of total cost

For other details on Project Cost, see the revised Project Cost Chart on page 71R of the application.

Historical Data Chart

- Since this is a new proposed home health provider, a historical data chart was not available.
- The applicant provided a historical data chart for their existing pharmacy operation in Knoxville, which reported a positive net operating income of \$1,224,696 in 2011 and \$460,402 in 2013; and negative net operating income of (\$158,459) in 2012.

Projected Data Chart

The Projected Data Chart for Coram Alternate Site Services reflects \$190,431.00 in total gross revenue on 1,194 patient visits during the first year of operation and \$219,947.00 on 1,313 patient visits in Year Two (approximately \$1,676.00 per visit). The Projected Data Chart reflects the following:

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- Net operating income is estimated to be favorable at \$2,465 in Year One increasing to \$8,167 in Year Two.
- Projected NOI calculates to approximately 1.3% of gross revenues in Year 1 increasing to 4.2% in Year 2.
- Deductions from operating revenue for bad debt, charity care, and contractual adjustments are estimated at \$24,194 or approximately 11% of total gross revenue in Year Two.
- The applicant expects that 5% of its patients will be charity care totaling \$9,522 in Year One and \$10,997 in Year Two.

Charges

In Year One of the proposed project, the average charge per case is as follows:

- The proposed average gross charge is \$1,176.00/patient case
- The average deduction is \$129.00/patient case, producing an average net charge of \$1,046/patient case.
- The applicant's expected gross charge per visit in Year 2 is expected to be \$168. The applicant pointed out that the average gross charge per visit in area home health agencies ranged mainly from \$58 to \$217. The applicant points out that if this range of charges was projected to 2015, the applicant projected charge will fall within the range.

Medicare/TennCare Payor Mix

The applicant states that the licensed pharmacy participates in both Medicare and TennCare and serves medically indigent patients; however the proposed home health agency will not become Medicare/Medicaid certified because the agency will not be eligible for Medicare certification as a home health agency for the following reasons:

- Limited scope of service which means the agency would not be providing the full range of home health services as prescribed by the Medicare Conditions of Participation and
- The applicant's projected payor mix is 89% commercial insurance, 6% self-pay, and 5% charity care.

Financing

A May 31, 2014 letter from Coram Alternate Site Services, Inc. Senior Vice President confirms the availability of cash reserves to fund the \$98,000 proposed project.

CVS Caremark Corporation's unaudited financial statements for the period ending March 31, 2014 indicates \$2,776,000,000 in cash and cash equivalents, total

current assets of \$24,460,000,000, total current liabilities of \$16,213,000 and a current ratio of 1.51:1.

Note to Agency members: Current ratio is a measure of liquidity and is the ratio of current assets to current liabilities which measures the ability of an entity to cover its current liabilities with its existing current assets. A ratio of 1:1 would be required to have the minimum amount of assets needed to cover current liabilities.

Staffing

The applicant's direct patient care staffing for the home health agency is projected as 1.46 FTE Registered Nurses (RN) in Year One increasing to 1.61 RN FTEs in Year 2

Licensure/Accreditation

If approved, Coram Alternative Site Services, Inc. will be licensed by the Tennessee Department of Health. The applicant has provided details in supplemental one of licensing and accreditation inspection surveys for Coram Alternative Site Services, Inc. home health services currently located in Nashville, TN. A letter dated February 4, 2013 from the Tennessee Department of Health, Office of Health Licensure and Regulation, states no deficiencies were found as a result of a survey completed on January 30, 2013.

The applicant is currently accredited by The Joint Commission.

Corporate documentation, real estate lease, and detailed demographic information are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in **two** years.

Note to Agency members: Should the Agency choose to approve this application, Staff recommends the following:

- 1) Exclude Moore and Van Buren counties from the service area because Moore and Van Buren Counties do not appear to be part of a reasonable service area. This could be accomplished by limiting approval of the application to the 30-county service area that excludes Moore and Van Buren.*
- 2) Require a new application to expand services beyond infusion and infusion-related services rather than a modification request through the General Counsel's Report. This could be accomplished with the following condition:*

Home Health Agency services are limited to infusion-related services. The expansion of services beyond the home infusion services described in the application will require the filing of a new certificate of need application

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

There are no other Letters of Intent, denied applications, or outstanding Certificates of Need for this applicant.

Pending Applications

Coram Alternative Site Services, Inc. d/b/a Coram Specialty Infusion Services, CN1406-018, has a pending application scheduled to be heard at the September 24, 2014 Agency meeting. The application is for the establishment of a home care organization to provide the following specialized home health services related to home infusion: administer home infusion products and related infusion nursing services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports. The proposed service area includes the following Tennessee counties: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Houston, Lake, Lauderdale, Madison, McNairy, Obion, Perry, Shelby, Stewart, Tipton, Wayne, and Weakley. The agency will be located at 1680 Century Center, Suite 12, Memphis (Shelby County), 38134. The estimated project cost is **\$98,000.00**.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other pending applications for other health care organizations in the service area proposing this type of service.

Letters of Intent

Implanted Pump Management filed a letter of intent on July 3, 2014 for the establishment of a home health agency to service intrathecal pump services to patients across all 95 counties in the State of Tennessee. The estimated project cost is **\$275,000**.

Denied Applications:

Critical Care Nursing, CN1210-049D, was denied at the January 23, 2013 Agency meeting for the establishment of a home care organization located at 575 Oak Ridge Turnpike, Oak Ridge (Anderson County), TN. The individuals to who CNS intended to provide home health services are those eligible to receive such services because of their

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qualifications for benefits under either the Energy Employees Occupational Illness compensation program Act or the Federal Black Lung program. CNS proposed to offer home health services in Anderson, Campbell, Knox, Loudon, Monroe, Morgan, Roane, and Union counties. *Reasons for Denial: There is no real need. The care is being adequately provided by other agencies in the area, and the applicant did not provide adequate evidence to prove that need is really there.*

Outstanding Certificates of Need:

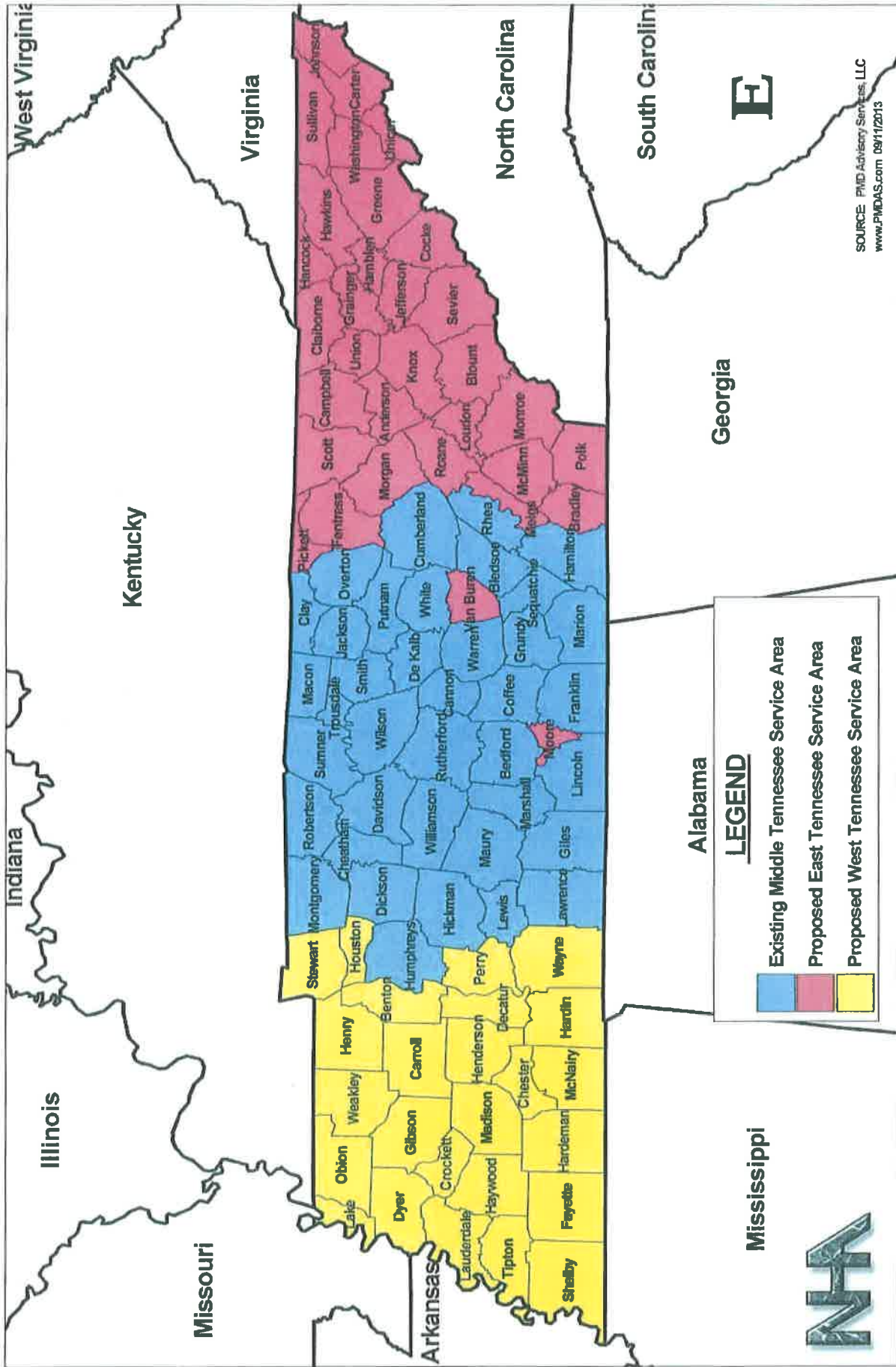
Maxim Healthcare Services, CN1405-015A, has an outstanding certificate of need that will expire on October 1, 2016. The CON was approved at the August 27, 2012 agency meeting for the establishment of a home health agency and the initiation of home health services in a 5 county service area including Carter, Johnson, Sullivan, Unicoi, and Washington Counties. The project will provide mostly private duty hourly care to TennCare medically complex pediatric patients. The estimated project cost is **\$463,825**. *Project Status: This project was recently approved.*

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PME 09/11/2014

LETTER OF INTENT

Coram Alternate Site Services, Inc.





State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the see ATTACHMENT A which is a newspaper
 of general circulation in see ATTACHMENT B, Tennessee, on or before June 3, 4, 5, 20 14
 for one day.
 (Name of Newspaper)
 (County) (Month / day) (Year)

 This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Coram Alternate Site Services, Inc. d/b/a Coram CVS/specialty Infusion Services Home health agency
 (Name of Applicant) (Facility Type-Existing)
 owned by: CVS Caremark Corporation with an ownership type of for profit
 and to be managed by: self-managed intends to file an application for a Certificate of Need
 for [PROJECT DESCRIPTION BEGINS HERE]: see ATTACHMENT C

 The anticipated date of filing the application is: June 6, 20 14

The contact person for this project is Alix Coulter Cross Attorney
 (Contact Name) (Title)
 who may be reached at: Harwell Howard Hyne Gabbert & Manner, PC 333 Commerce Street, Suite 1500
 (Company Name) (Address)

Nashville
 (City)

TN
 (State)

37201
 (Zip Code)

615 / 256-0500
 (Area Code / Phone Number)

Alix Coulter Cross
 (Signature)

6/3/14
 (Date)

alix.cross@h3gm.com
 (E-mail Address)

 The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

 The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

ATTACHMENT A

Newspaper of General Circulation	Date of Publication
Citizen Tribune	4th
Claiborne Progress	4th
Cleveland Daily Banner	4th
Elizabethton Star	4th
Grainger Today	4th
Independent Herald	5th
Johnson City Press	4th
Kingsport Times-News	4th
Knoxville News-Sentinel	4th
LaFollette Press	5th
Moore County News	5th
Morgan County News	4th
News-Herald	5th
Pickett County Press	4th
Polk County News	4th
Roane County News	4th
Rogersville Review	4th
Southern Standard	4th
The Advocate & Democrat	4th
The Daily Post - Athenian	4th
The Daily Times	4th
The Erwin Record	4th
The Fentress Courier	4th
The Greeneville Sun	4th
The Mountain Press	4th
The Newport Plain Talk	3rd
The Oak Ridger	5th
The Standard Banner	3rd
The Tomahawk	4th
Union New Leader	3rd

County
Anderson
Blount
Bradley
Campbell
Carter
Claiborne
Cocke
Fentress
Grainger
Greene
Hamblen
Hancock
Hawkins
Jefferson
Johnson
Knox
Loudon
McMinn
Meigs
Monroe
Moore
Morgan
Pickett
Polk
Roane
Scott
Sevier
Sullivan
Unicoi
Union
Van Buren
Washington

ATTACHMENT C

To provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services Home health agency
(Name of Applicant) (Facility Type-Existing)

owned by: CVS Caremark Corporation with an ownership type of for profit

and to be managed by: self-managed intends to file an application for a Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE]: see attached

The anticipated date of filing the application is: June 6, 2014

The contact person for this project is Alix Coulter Cross Attorney
(Contact Name) (Title)

who may be reached at: Harwell Howard Hyne Gabbert & Manner, PC 333 Commerce Street, Suite 1500
(Company Name) (Address)
Nashville TN 37201 615 / 256-0500
(City) (State) (Zip Code) (Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care Institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 *et seq.*, and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

SECTION A

APPLICANT PROFILE

CORAM ALTERNATE SITE SERVICES, INC.

COPY

-Application

Coram CVS

Speciality

Infusion

Services,K

CN1406-017

1. **Name of Facility, Agency, or Institution**

Coram Alternate Site Services, Inc. d/b/a Coram CVS/specialty Infusion Services

Name

10932 Murdock Drive, Suite 101A

Knox

County

Street or Route

Knoxville

TN

State

37932

Zip Code

City

2. **Contact Person Available for Responses to Questions**

Alix Coulter Cross

Attorney

Name

Title

Harwell, Howard, Hyne, Gabbert and Manner

alix.cross@h3gm.com

Company Name

Email address

333 Commerce Street, Suite 1500

Nashville

TN

37201

Street or Route

City

State

Zip Code

Counsel

615-251-1047

615-251-1059

Association with Owner

Phone Number

Fax Number

3. **Owner of the Facility, Agency or Institution**

Coram Specialty Infusion Services, Inc.

303-292-4973

Name

Phone Number

555 17th Street, Suite 1500

Denver

County

Street or Route

Denver

CO

80202

City

State

Zip Code

4. **Type of Ownership of Control (Check One)**

A. Sole Proprietorship

☐

F. Government (State of TN or Political Subdivision)

☐

B. Partnership

☐

G.

Joint Venture

☐

C. Limited Partnership

☐

H.

Limited Liability Company

☐

D. Corporation (For Profit)

☒

I.

Other (Specify)

☐

E. Corporation (Not-for-Profit)

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

June 20, 2014

12:06 pm

5. Name of Management/Operating Entity (If Applicable)

Not Applicable

Name

Street or Route

County

City

State

Zip Code

PUT ALL ATTACHMENTS AT THE END OF THE APPLICATION IN ORDER AND
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

6. Legal Interest in the Site of the Institution (Check One)

- A. Ownership ☐ D. Option to Lease ☐
 B. Option to Purchase ☐ E. Other (Specify)
 C. Lease of Years ☒

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND
REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS.

7. Type of Institution (Check as appropriate--more than one response may apply)

- | | | | |
|--|--------------------------|---|-------------------------------------|
| A. Hospital (Specify) <input type="text"/> | <input type="checkbox"/> | I. Nursing Home | <input type="checkbox"/> |
| B. Ambulatory Surgical Treatment Center (ASTC), Multi-Specialty | <input type="checkbox"/> | J. Outpatient Diagnostic Center | <input type="checkbox"/> |
| C. ASTC, Single Specialty | <input type="checkbox"/> | K. Recuperation Center | <input type="checkbox"/> |
| D. Home Health Agency | <input type="checkbox"/> | L. Rehabilitation Facility | <input type="checkbox"/> |
| E. Hospice | <input type="checkbox"/> | M. Residential Hospice | <input type="checkbox"/> |
| F. Mental Health Hospital | <input type="checkbox"/> | N. Non-Residential Methadone Facility | <input type="checkbox"/> |
| G. Mental Health Residential Treatment Facility | <input type="checkbox"/> | O. Birthing Center | <input type="checkbox"/> |
| H. Mental Retardation Institutional Habilitation Facility (ICF/MR) | <input type="checkbox"/> | P. Other Outpatient Facility (Specify) <input type="text"/> | <input type="checkbox"/> |
| | | Q. Other (Specify) <input type="text"/> | <input checked="" type="checkbox"/> |

8. Purpose of Review (Check) as appropriate--more than one response may apply)

- | | | | |
|--|-------------------------------------|---|--------------------------|
| A. New Institution | <input type="checkbox"/> | G. Change in Bed Complement | <input type="checkbox"/> |
| B. Replacement/Existing Facility | <input type="checkbox"/> | [Please note the type of change by underlining the appropriate response: Increase, Decrease, Designation, Distribution, Conversion, Relocation] | <input type="checkbox"/> |
| C. Modification/Existing Facility | <input type="checkbox"/> | | <input type="checkbox"/> |
| D. Initiation of Health Care Service as defined in TCA § 68-11-1607(4) | <input type="checkbox"/> | H. Change of Location | <input type="checkbox"/> |
| (Specify) <input type="text"/> | <input checked="" type="checkbox"/> | I. Other (Specify) <input type="text"/> | <input type="checkbox"/> |
| E. Discontinuance of OB Services | <input type="checkbox"/> | | <input type="checkbox"/> |
| F. Acquisition of Equipment | <input type="checkbox"/> | | <input type="checkbox"/> |

9. **Bed Complement Data**

Please indicate current and proposed distribution and certification of facility beds.

	<u>Current Beds Licensed</u>	<u>*CON</u>	<u>Staffed Beds</u>	<u>Beds Proposed</u>	<u>TOTAL Beds at Completion</u>
A. Medical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Surgical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Long-Term Care Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Obstetrical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. ICU/CCU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Neonatal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Pediatric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Adult Psychiatric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Geriatric Psychiatric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
J. Child/Adolescent Psychiatric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
K. Rehabilitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L. Nursing Facility (non-Medicaid Certified)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M. Nursing Facility Level 1 (Medicaid only)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N. Nursing Facility Level 2 (Medicare only)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
O. Nursing Facility Level 2 (dually certified Medicaid/Medicare)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P. ICF/MR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q. Adult Chemical Dependency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R. Child and Adolescent Chemical Dependency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
S. Swing Beds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
T. Mental Health Residential Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
U. Residential Hospice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

*CON-Beds approved but not yet in service

10. **Medicare Provider Number**
Certification Type

11. **Medicaid Provider Number**
Certification Type

12. **If this is a new facility, will certification be sought for Medicare and/or Medicaid?**

13. **Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area. Will this project involve the treatment of TennCare participants?** **If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract.**

Discuss any out-of-network relationships in place with MCOs/BHOs in the area.

SECTION A: APPLICANT PROFILE, ADDITIONAL RESPONSES

For Section A, Item 3, Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence, if applicable, from the Tennessee Secretary of State.

The Applicant is a Delaware Corporation which is a wholly owned subsidiary of Coram Specialty Infusion Services, Inc. These entities ultimate parent is CVS Caremark Corporation. The Applicant's confirmation of corporate existence from the Tennessee Secretary of State is included in Attachment, Section A, Item 3.1. Its By Laws are included in Attachment, Section A, Item 3.2.

For Section A, Item 4, describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% or more ownership interest. In addition, please document the financial interest of the applicant, and the applicant's parent company/owner in any other health care institution as defined in Tennessee Code Annotated, §68-11-1602 in Tennessee. At a minimum, please provide the name, address, current status of licensure/certification, and percentage of ownership for each health care institution identified.

A description of the Applicant and its Organizational Chart are included in Attachment, Section A, Item 4.1. The Applicant's ultimate parent's most recently filed 10-K (annual report) with the Securities and Exchange Commission is included in Attachment, Section A, Item 4.2. The Applicant owns a limited service home health agency in Middle Tennessee serving 38 Tennessee Counties. The license for this Agency is included in Attachment, Section A, Item 4.3. This is the only entity which the Applicant has a financial interest as defined by TCA §68-11-1602(7) in Tennessee.

For Section A, Item 5, for new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract. Please describe the management entity's experience in providing management services for the type of the facility, which is the same or similar to the applicant facility. Please describe the ownership structure of the management entity.

Coram Alternate Site Services, Inc. is a self managed operation with its employed leadership operating the entity on a day to day basis, reporting to regional directors who ultimately report to the holding company's executive leadership and board. This question is not applicable to the Applicant.

For Section A, Item 6, for applicants or applicant's parent company/owner that currently own the building/land for the project location; attach a copy of the title/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements must include anticipated purchase price. Lease/Option to Lease Agreements must include the actual/anticipated term of the agreement and actual/anticipated lease expense. The legal interests described herein must be valid on the date of the Agency's consideration of the certificate of need application.

The Applicant has entered into a lease agreement with Ridenour Properties, LLC for 2,545 square feet at 10932 Murdock Drive, Suite 101A, Knoxville, TN 37932 which became effective February 1, 2014. The Applicant is expected to occupy the space beginning in July 2014. The lease agreement is for a five year term. This leased space is to house the licensed pharmacy and distribution center. It is sufficiently sized to add the restricted home health services to its business lines while at the same time effectively operating the licensed pharmacy with common leadership and facilities. A copy of the Lease Agreement is included in Attachment, Section A, Item 6.1.

For Section A, Item 13, please identify all MCOs/BHOs with which the applicant has contracted or plans to contract with.

Coram Alternate Site Services, Inc., and its affiliate Coram Specialty Infusion Services, Inc. have historically and will continue to contract with Tennessee Managed Care Organizations.

There are four TennCare MCOs within the state. TennCare Select and United Healthcare serve all three regions. BlueCare serves the East and West region; and Amerigroup serves the Middle Tennessee region. Currently the Applicant contracts with BlueCare/TennCare Select in Tennessee and contracts with Amerigroup on a national level. The existing contract covers the Applicant's infusion services. The Applicant does not intend to certify its limited service home health agency for Medicare and Medicaid (TennCare) services as it will not be a full service agency and therefore does not meet the Conditions of Participation for such certification.

In addition to TennCare MCOs, the Applicant contracts with a host of commercial managed care organizations that serve the region for its infusion products. These entities include, but are not limited to, the following: Aetna, Blue Cross Blue Shield of Tennessee, Carecentrix, Cigna, Corizon, Coventry, Cover Tennessee, GEHA, Multiplan, HealthSprings of Tennessee, Magellan TennCare, Prime Healthcare, Medicare, St Jude and TriCare. Nursing services to administer the infusion products will be added to these contracts. As necessary, additional MCOs will be added to the Applicant's contractual arrangements as its services expand.

SECTION B

PROJECT DESCRIPTION

CORAM ALTERNATE SITE SERVICES. INC.

SECTION B: PROJECT DESCRIPTION

- I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.***

The applicant is Coram Alternate Site Services, Inc., a Delaware corporation, which operates a licensed pharmacy in Knoxville, TN ("Coram" or "Applicant"). Its d/b/a is Coram CVS/specialty Infusion Services. This pharmacy is relocating to 10932 Murdock Drive, Suite 101A, Knoxville, TN 37932 in July 2014. The pharmacy is both licensed by the State and accredited by The Joint Commission. These documents are included in Attachment, Section B, Project Description, Item I. This Coram branch provides home infusion products to residents throughout East Tennessee spanning from the Tennessee-North Carolina state line on the east, Tennessee-Virginia state line on the northeast, Tennessee-Georgia state line on the southeast, Tennessee-Kentucky state line to the north and the communities of Jamestown, Wartburg, Kingston, Decatur and Cleveland along the west of this defined service area. In addition to serving Tennessee residents, this Coram branch also minimally serves residents of the neighboring states of Virginia and North Carolina.

While Coram serves this region, the majority of its patients (95 percent) are Tennessee residents. Therefore, the focus of this CON application is to become a licensed limited service home health agency to meet the needs of Tennesseans. This 32-county East Tennessee proposed service area represents 92 percent of the Tennessee related home infusion services provided by Coram from its Knoxville Branch. The balance of its Tennessee infusion therapy product patients (8 percent) is transferred to the other Tennessee branches; they will not be served by the Knoxville branch home health agency under its proposed licensure. Relative to out of state patients, Coram's Knoxville branch in aggregate only has approximately five percent of its patients living out of State.

The Applicant is a wholly owned subsidiary of Coram Specialty Infusion Services, Inc. which has as its ultimate parent CVS Caremark Corporation, also a Delaware corporation. Coram's ultimate parent is controlled by its executive officers and board of directors. CVS is a publicly traded stock corporation on the New York Stock Exchange (NYSE: CVS).

Through the submission of this CON application, the Applicant is seeking to establish a limited service home health agency. Specifically, with its approved home health agency license, the Applicant will only provide and administer home infusion products and related infusion nursing services. As part of its administration of home infusion therapies the Applicant intends to (a) take and record vital signs of the patients; (b) draw blood and other fluids for labs; (c) treat any issues associated with the access site or port; (d) change dressings associated with access points; (e) administer the therapy or

blood products; (f) line maintenance; and (g) infusion equipment repair and replacement.

These services will be provided by a registered nurse who is appropriately credentialed and is certified with a CRNI designation (certified registered nurse infusion). These services and credentials are a unique service and not typical of the average Medicare certified home health agency available to East Tennesseans.

For patients in need of home health services other than those associated with the Applicant's delivery and administration of home infusion products, the Applicant will make reasonable efforts to communicate that need with the patient's treating physician who can order such services through another licensed home health agency ("HHA"). The Applicant will not provide the service when another full service HHA stands ready willing and able to serve the patient. In other words, "If they can do it all, we will give it to them."

Ms. Natalie Sellers, RN is the Primary Nurse Case Manager at the Applicant's Knoxville Branch. In her current role, Ms. Sellers oversees care and education of patients receiving specialty infusion in the home. She coordinates contracted agency nursing care with home health agencies. She is involved in the primary care management in partnership with the on-site pharmacies, nutritionist and community/hospital based physicians. She also is responsible for clinical documentation, quality improvement and utilization review of home health agency documentation.

For the 18 years prior to joining Coram, Ms. Sellers worked in various clinical roles including, Staff Nurse, Nurse Liaison, Surgical Nurse and Nurse Manager for several Tennessee regional hospitals including Parkwest Hospital in Knoxville, Vanderbilt Medical Center in Nashville, and St. Thomas Hospital in Nashville. Ms. Sellers has an Associate of Science in Nursing from Western Kentucky University and is a Registered Nurse in the State of Tennessee. Ms. Sellers satisfies the home health administrator qualifications as required by Tennessee Department of Health, Chapter 1200-08-2.

The defined service area of the proposed home health agency is 32 counties throughout East Tennessee which is the geographic area in which most of the Coram Knoxville branch Tennessee infusion therapy product patients reside. Evaluation of these patients' records for the past three years identified the infusion product profile, age profile, payor profile, and referral sources including place of hospitalization of these patients. Documentation by Coram relative to the hardships for these patients to receive infusion nursing services in the home is also provided through anecdotes, patient stories and concurrent documentation by Coram staff. The delay in treatment and hardships identified contribute to extended lengths of stay in hospital, more costly hospital stays, increased costs to the healthcare system overall, and economic hardships on the patients and families.

The types of home health patients to be served by Coram will be restricted to infusion therapy patients. Types of infusion products to be administered include: antibiotics; total

parenteral nutrition (TPN); hydration; cardiac products (such as inotropic therapies); intravenous immunoglobulin (IVIG) and other similar specialty drugs; pain management; antiemetic; and steroids. The types of patients served by Coram who have demonstrated needs for infusion nursing services in the home which are otherwise unavailable from other home health agencies include the following:

- Specialty Patients Requiring IVIG and Alpha 1 Therapies: IVIG, intravenous immunoglobulin, is given as a plasma protein replacement therapy for immune deficient patients who have decreased or abolished antibody production capabilities. Alpha-1 antitrypsin infusion therapy is given to treat the genetic disorder alpha 1-antitrypsin deficiency that causes defective production of the alpha 1-antitrypsin (A1AT) leading to decreased A1AT in the blood and lungs.
- First Dose Administration: First Dose Administration is the first time a prescribed infusion therapy is provided to the patient.
- Low Intervention Patients: A Low Intervention Patient is a patient who is not homebound and does not require significant nursing intervention. Rather s/he comprises the group of patients who are taught to self administer thereby limiting the number of home skilled nursing visits.
- Three Dose Schedule Patients: Three Dose Schedule Patients are infusion therapy patients whose therapy is administered three times throughout the day (i.e., 6 am, 2 pm and 10 pm).
- Rural and Pediatric Patients: Rural Patients are infusion therapy patients who reside well outside the major cities in East Tennessee such as Knoxville, Kingsport, Morristown, Cleveland and Johnson City where major medical centers and infusion providers are prevalent. Pediatric Patients are children who require infusion therapy products and services.

The Applicant is differentiated from other area home health agencies because it not only serves the above unique types of patients but also its nursing staff is specially trained in the art and skill of providing infusion therapies, most are certified, have over 1,600 hours of clinical infusion therapy experience, and have developed training and skills necessary to identify, collaborate and treat infusion therapy related effects, as well as communicate to patients on proper care of catheter sites, sterile treatment and monitoring of equipment and supplies.

Provided the patient qualifies for home health services (e.g., home bound), and after the first dose, and provided that the therapy is not of repeat or long duration, existing home health agencies such as Tennova, Mountain States, Careall and Quality, have on occasion provided care to the Applicant's patients. In general, though, these arrangements do not work because: (a) many of these patients are not truly home bound so they do not qualify for reimbursement, and thus the HHAs do not want these patients; (b) because many of these therapies are of a long duration (3+ hours) it is not economically feasible for a full service agency to tie up an RN for that length of time; (c) because none of the full service agencies will do first dose patients; and (d) because none will any infuse blood or blood products in the home.

As discussed in this application, the Applicant will employ one (1) full time infusion nurse centrally located in Knoxville, and will add per diem, or per visit, infusion nurses throughout the service area as needed to respond expeditiously to requests for service. Operationally, on occasion if the patient is local, the infusion nurse will take the infusion product from the compounding pharmacy to the patient's home for administration. More often, the infusion product will be compounded at the Applicant's licensed pharmacy facility and taken by secure courier to the patient's home where it is met by the infusion nurse for administration.

The Applicant's encounter with a patient begins when the patient's attending physician orders an infusion product or service and a referral is made to the Applicant (either by the physician or discharge planners at area medical centers). The Applicant verifies insurance, the physician order, and the patient's demographic information and transmits that data to the pharmacy which compounds the patient's drug therapy. Three groups within the Applicant then coordinate the patient's care: the pharmacy with respect to the drug mix, the courier service for secure and timely delivery, and nursing for education and administration. The Applicant has implemented an electronic medical record system that securely communicates with the home office regarding nursing encounter notes for services rendered in the home and summaries of care are shared with the patient's physician.

The Applicant employs the nursing director/agency administrator who will be the supervisor for all the nursing functions associated with the Applicant, who will be available at all times during operating hours and shall participate in all activities relevant to the professional home health services provided, including the development of qualifications and assignment of personnel. In addition, the Applicant agency shall have a committee, consisting of the nursing director/agency's executive director, the Regional Nurse Manager for the State of Tennessee and the regional president who shall review at least annually past and present HHA services to determine the appropriateness and effectiveness of the care provided.

The uniqueness of Coram's patient population drives the need for Coram to be licensed as a home health agency. Approval of Coram's restricted home health license will enable a specific subset of the population to receive a higher standard of care in a lower cost environment, thereby contributing to the orderly development of healthcare while meeting a distinct patient and community need. The underlying bases and discussions relative to the lack of access and availability of skilled infusion nursing services for this patient population is provided in response to Section C, Need: Home Health Services, Question 1 along with supporting discussions in response to the other Home Health Services, Guidelines for Growth and General Criteria related to Need.

There is no construction associated with this project and there is no major medical equipment involved with this project. Its costs are limited to the administrative, legal and consulting costs associated with obtaining certificate of need approval and costs associated with licensure. The total cost for the project is \$98,000. Its funding can be assured based on the financial statements of the ultimate parent as provided in Attachment, Section A, Item 4.2, the letter of funding commitment included with this

CON application as Attachment, Section C, Economic Feasibility, Item 2.1 and the local branch's financial statements provided as Attachment, Section A, Item 4.4. Demonstration of Economic Feasibility and how this project makes a Contribution to the Orderly Development of Healthcare is presented in response to those sections in this application.

Operationally, the Applicant will operate the home health service as part of its existing Knoxville Branch operations. Adding the nursing service to its existing product line will enhance the operation while providing its patients with a service that is historically difficult to obtain resulting in prolonged hospital stays, ineffective or inefficient care and compromised quality of care. The financial projections which are a part of this Application demonstrate that this service is restricted in its scope, is financially feasible and generates a positive net income from operations.

SECTION B: PROJECT DESCRIPTION

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

- A. Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of \$5 million) and other facility projects (construction cost in excess of \$2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project. If the project involves none of the above, describe the development of the proposal.***

Coram Alternate Site Services, Inc. is in the process of relocating from its existing leased space to newly leased space at 10932 Murdock Drive, Suite 101A, Knoxville, TN 37932. This new space is 2,545 square feet and became effective on February 1, 2014. This space will house the Coram licensed pharmacy services and includes the pharmacy, distribution warehouse and administrative offices and support space. The addition of the restricted home health services will be under the existing leadership and operate from the existing leased space. Accordingly, there is no construction, renovation or modification required to implement this proposed project.

The square footage chart for the currently leased space which will house the home health service is included as Attachment, Section B, Project Description, Item II (A). Square footage is estimated from the floor plan and space program as part of the build out of the leased space to become occupied. There are no additional costs to establish the program as the home health services will be supported from the administrative spaces in the newly occupied space while the actual service will be provided in the client (patient) home.

SECTION B: PROJECT DESCRIPTION

- B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.***

This question addresses a change in bed capacity. This CON application is for a limited service home health agency. Therefore this question is not applicable to the project proposed herein.

SECTION B: PROJECT DESCRIPTION

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

- 1. Adult Psychiatric Services***
- 2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)***
- 3. Birthing Center***
- 4. Burn Units***
- 5. Cardiac Catheterization Services***
- 6. Child and Adolescent Psychiatric Services***
- 7. Extracorporeal Lithotripsy***
- 8. Home Health Services***
- 9. Hospice Services***
- 10. Residential Hospice***
- 11. ICF/MR Services***
- 12. Long-term Care Services***
- 13. Magnetic Resonance Imaging (MRI)***
- 14. Mental Health Residential Treatment***
- 15. Neonatal Intensive Care Unit***
- 16. Non-Residential Methadone Treatment Centers***
- 17. Open Heart Surgery***
- 18. Positron Emission Tomography***
- 19. Radiation Therapy/Linear Accelerator***
- 20. Rehabilitation Services***
- 21. Swing Beds***

The Applicant has defined an unmet community need to provide home health services limited to infusion nursing and related services. The need for this service results from a lack of available or accessible home infusion nursing capability throughout East Tennessee. As a licensed pharmacy providing infusion therapy products to patients in their homes, Coram is intimately familiar with the patients throughout the region, and the hardships encountered by hospitals, physicians and patients/families in effecting a timely discharge from the hospital when hospitalization is no longer required, but the patient and family have not initiated their first infusion dose nor are they knowledgeable about the process, the infusion equipment, and the specific regimen which must be followed. Furthermore, as the pharmacy providing the infusion product to the patient, Coram's staff regularly meets with the patients and understands their skilled nursing needs, but is unable to assist in that regard as it does not have a home health license. The types of infusion patients which have compromised access and how Coram will meet their needs are discussed in response to Sections B and Section C on the following pages.

As noted in this application, this patient population's needs are not being met by the existing HHA providers, primarily because of reimbursement and conditions of participation issues. Existing resources cannot get reimbursed for patients who are not home bound; they cannot get adequately reimbursed for an infusion therapy that lasts several hours; and they only get reimbursed for one visit, even though three therapy regimens require 3 visits in the same day. Furthermore, the existing agencies will not treat patients on their first dose, and will not administer blood or blood products in the home.

By granting the Applicant's limited service HHA CON request, these patients can remain in their home, thereby avoiding the time and inconvenience of traveling to an outpatient hospital clinic, as well as avoiding exposure of their immune suppressed bodies to nosocomial infections. Finally, the care rendered by the Applicant's certified infusion nurses is vastly superior to that of the RN untrained in spotting infusion complications, educating patients on sterile site and site maintenance.

With the approval of this CON application, Coram will be able to serve a patient population in need in a more appropriate, cost effective and accessible manner, in their own home, thereby meeting a defined need while contributing to the orderly development of healthcare.

SECTION B: PROJECT DESCRIPTION***D. Describe the need to change location or replace an existing facility.***

This question addresses the need to change location or replace an existing facility. This CON application is for a limited service home health agency. Therefore this question is not applicable to the project proposed herein.

SECTION B: PROJECT DESCRIPTION

E. Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of \$1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:

- 1. For fixed-site major medical equipment (not replacing existing equipment):**
 - a. Describe the new equipment, including:**
 - 1. Total cost; (As defined by Agency Rule).**
 - 2. Expected useful life;**
 - 3. List of clinical applications to be provided; and**
 - 4. Documentation of FDA approval.**
 - b. Provide current and proposed schedules of operations.**
- 2. For mobile major medical equipment:**
 - a. List all sites that will be served;**
 - b. Provide current and/or proposed schedule of operations;**
 - c. Provide the lease or contract cost.**
 - d. Provide the fair market value of the equipment; and**
 - e. List the owner for the equipment.**
- 3. Indicate applicant's legal interest in equipment (i.e., purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.**

This question addresses the acquisition of major medical equipment. This CON application is for a limited service home health agency. Therefore this question is not applicable to the project proposed herein.

SECTION B: PROJECT DESCRIPTION

III. (A) *Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which must include:*

- 1. *Size of site (in acres);***
- 2. *Location of structure on the site; and***
- 3. *Location of the proposed construction.***
- 4. *Names of streets, roads or highway that cross or border the site.***

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

The home health service will be located at 10932 Murdock Drive, Suite 101A, Knoxville, TN 37932. This 2,545 square foot suite is subject to a valid five year lease agreement between Coram and its landlord (Ridenour Properties, LLC). The restricted service home health will be operated from this existing leased space. No modification, construction or renovation is required; nor is the addition of any further people to the management team.

The Site Plan and location of the building on the site relative to the surrounding streets and neighborhoods is included as Attachment, Section B, Project Description, Item III (A).

SECTION B: PROJECT DESCRIPTION

- (B) 1. *Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.***

Accessibility to Coram's location is not applicable as the home health services will not be provided at Coram's Knoxville Branch. The purpose of this CON application is to obtain approval to provide these limited nursing services in the patient's home which will be in one of the 32 counties for which CON approval is being sought. The Coram nurse who will provide the service will reach the patient's home by private vehicle.

SECTION B: PROJECT DESCRIPTION

- IV. ***Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper. NOTE: DO NOT SUBMIT BLUEPRINTS. Simple line drawings should be submitted and need not be drawn to scale.***

The Floor Plan of the leased building suite is included as Attachment, Section B, Project Description, Item IV. This suite is subject to an existing lease between the Applicant and landlord. It will not be modified within the context of this proposal as the home health service will operate from the administrative space within the leased space by the Branch's leadership.

SECTION B: PROJECT DESCRIPTION

V. For a Home Health Agency or Hospice, identify:

- 1. Existing service area by County;**
- 2. Proposed service area by County;**
- 3. A parent or primary service provider;**
- 4. Existing branches; and**
- 5. Proposed branches.**

This CON application is for a limited service home health agency whereby its license will be restricted to provide only infusion nursing and related skilled services. The Applicant intends to provide the following skilled services in conjunction with its home infusion therapy products: (a) take and record vital signs of the patients; (b) draw blood and other fluids for labs; (c) treat any issues associated with the access site or port; (d) change dressings associated with access points; (e) administer the therapy or blood products; (f) line maintenance; and (g) infusion equipment repair and replacement.

The Applicant has three pharmacy branches in the state, serving east (from Knoxville), middle (from Nashville) and west (from Memphis). Additionally, the Applicant established its first Tennessee limited service home health agency in May 2013. The CON approved and subsequently licensed program is based out of the Applicant's Nashville office at 2970 Sidco Drive, Nashville, Tennessee. It is licensed to serve 38 counties within Middle Tennessee.

The purpose of this CON application is to obtain CON approval to serve the 32 counties in the eastern third of the State of Tennessee, which is defined as all counties east of the Middle Tennessee service area approved via CN #1205-020A. The specific East Tennessee counties for which CON approval is sought are presented in the following chart:

Anderson	Grainger	Loudon	Roane
Blount	Greene	McMinn	Scott
Bradley	Hamblen	Meigs	Sevier
Campbell	Hancock	Monroe	Sullivan
Carter	Hawkins	Moore	Unicoi
Claiborne	Jefferson	Morgan	Union
Cocke	Johnson	Pickett	Van Buren
Fentress	Knox	Polk	Washington

The geographic area represented by these counties spans from the Tennessee-North Carolina state line on the east, Tennessee-Virginia state line on the northeast, Tennessee-Georgia state line on the southeast, Tennessee-Kentucky state line to the north and the communities of Jamestown, Wartburg, Kingston, Decatur and Cleveland along the west of this defined service area. In addition to serving Tennessee residents, this Coram branch also minimally serves residents of the neighboring states of Virginia and North Carolina.

A detailed map of Tennessee showing all 95 counties. The counties are labeled with their names. The map is oriented with North at the top. The surrounding states are labeled: Virginia to the north, North Carolina to the east, South Carolina to the south, and Arkansas to the west. The map is a black and white line drawing with county names in a serif font.

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SECTION C

GENERAL CRITERIA FOR CERTIFICATE OF NEED

CORAM ALTERNATE SITE SERVICES, INC.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. Please type each question and its response on an 8 1/2" x 11 " white paper. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED

1. ***Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.***
 1. Improve the Health of Tennessee. Health in Tennessee will be improved through the approval of this project because current immune compromised individuals will not be required to leave their home and expose themselves to advantageous pathogens to receive their life-saving therapies. Patients will be trained in self care and administration in their own homes thereby enhancing the quality of their lives. Additionally, patients will be able to have their 'first dose' at home, not requiring an extended hospital stay, travel to an infusion center, or other factors negatively impacting the patient physically, emotionally or economically.
 2. Reasonable Access to Care for Every Citizen. By making these services more widely available in the home, access to even some of the most remote citizens is improved because they will no longer be required to travel to a major medical center for outpatient infusion therapy.
 3. Health care resource development that encourages competitive markets, economic efficiencies and continued development of the state's healthcare system. The proposed project makes these improvements in healthcare at minimal cost and disruption by narrowly focusing on a particular patient population whose needs are not being fully served, or who are being served but at great expense when in home care would be much safer and less costly.
 4. Confidence in the quality of healthcare is continually monitored and standards are adhered to by providers. The Applicant's nursing director will review a sufficient sample of patient charts for each caregiver to identify and eliminate poor quality of care, and to accentuate and reward outstanding quality of care and outcomes.
 5. State support for development, recruitment and retention of a sufficient and quality healthcare workforce. The Applicant intends to maintain one full time registered infusion nurse in Knoxville and employ certified infusion nurses on a per diem or per visit basis thereby supporting a highly skilled and specialized nursing workforce throughout East Tennessee.
- a. ***Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.***

The criterion and standards in Certificate of Need Categories that are applicable to this project include: Home Health Services. Each of the Home Health Guidelines along with the associated responses is provided on the following pages.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED: HOME HEALTH SERVICES

- 1. The need for home health agencies/services shall be determined on a county by county basis.***

Home Health Services are regulated under Tennessee Chapter 1200-08-26, Board of Licensing. Tennessee Code Annotated (T.C.A.) § 68-11-201 defines a Home Care Organization as one that provides home health services, home medical equipment services or hospice services to patients on an outpatient basis in either their regular or temporary place of residence. T.C.A. further defines home health services as a service provided an outpatient by an appropriately licensed health care professional or an appropriately qualified staff member of a licensed home care organization in accordance with orders recorded by a physician, and which includes one or more of the following:

- Skilled nursing care including part time or intermittent supervision
- Physical, occupational or speech therapy
- Medical social services
- Home health aide services
- Medical supplies and medical appliances

This CON application to become approved and licensed as a home health services agency is unique in that the Applicant is only seeking CON approval to enable it to provide one of the above services – skilled nursing care – and on a limited basis for a specific subset of patients in each county. Specifically, the skilled nursing care the Applicant is seeking licensure to provide is the administration of home infusion products and related infusion nursing services.

As part of its administration of home infusion therapies the Applicant intends to (a) take and record vital signs of the patients; (b) draw blood and other fluids for labs; (c) treat any issues associated with the access site or port; (d) change dressings associated with access points; (e) administer the therapy or blood products; (f) line maintenance; and (g) infusion equipment repair and replacement.

These services will be provided by a registered nurse who is appropriately credentialed and is certified with a CRNI designation (certified registered nurse infusion). **These services and credentials are a unique service and not typical of the average Medicare certified home health agency available to East Tennesseans.**

Need for this special service was developed by the Applicant based on its existing infusion therapy patient profiles including age, county of residence, infusion service requirement, payor, referral source, and identified hardship

experiences by patients, families and their referral sources (hospitals, physicians and others) to obtain infusion nursing service in the home on a timely basis. Depending on the urgency, day of week, and hour of the day, the Applicant makes commercially reasonable efforts to see patients within 2 to 3 hours of physician order which the Applicant believes to be a 'timely basis'. Unfortunately, the situation in East Tennessee is that these patients do not receive services on a timely basis, if the services become available at all. These healthcare delivery challenges are discussed further below in the Applicant's Service Area Study.

If a hospital inpatient prescribed infusion therapy services is unable to obtain home health assistance upon hospital discharge that individual remains in the hospital until s/he receives the first infusion and training sufficient that s/he could be discharged home to self-infuse thereafter. Subsequently, the Applicant would send the compounded infusion product from the Knoxville pharmacy via secure medical courier. If the infusion therapy is inappropriate to administer in the home without nursing supervision, such as blood products or IVIG, the patient must travel to an outpatient clinic, such as an oncology clinic, physician practice, hospital or ambulatory infusion suite to obtain their medication. In addition, patients without nursing assistance who self-infuse in the home are ill equipped to handle even the most minor of complications, such as a blocked line, and must instead travel to the nearest hospital emergency room, sometimes by private transportation, but also by ambulance, to alleviate the problem. Similarly, patients who require a line change must also go to a hospital for such a procedure. **All of these situations, and their attendant expenses, would be substantially eliminated by the Applicant implementing its limited service home health agency.**

As an existing licensed pharmacy provider in Tennessee, the Applicant has a range of home infusion products it provides to its patients some of whom are homebound while others are not. Types of infusion products prescribed for its patients include, but are not limited to, the following:

- Antibiotics
- Total parenteral nutrition (TPN)
- Hydration
- Cardiac products (such as inotropic therapies)
- Intravenous immunoglobulin (IVIG) and other similar specialty drugs
- Pain management
- Antiemetic
- Steroids

During each of the past three years, the Applicant from its Knoxville Branch has provided these types of infusion products to approximately 755 to 845 patients per year. Some of these patients received more than one infusion product (therapy). Because infusion therapy products are generally not one dose but can last over a period of time, shortest being days and longest being years, utilization

is not only measured by number of patients or number of therapies, but also by patient month, census and number of new patients by quarter. Patient months are the average number of months on infusion service for the total patient count. During the past three years, patient months have totaled between 1,400 and 1,600 months, or roughly two months on average per patient.

Following is the most recent 2013 activity, by quarter, for the Applicant's Knoxville Branch:

<i>Factor</i>	<i>Q1-2013</i>	<i>Q2-2013</i>	<i>Q3-2013</i>	<i>Q4-2013</i>	<i>CY 2013</i>
Patients	205	192	196	197	790
New Patients	105	89	94	97	385
Therapies	229	216	212	219	876
Patients with Multiple Therapies	19	21	14	17	71
Average Therapies per Patient	1.12	1.13	1.08	1.11	1.11
Patient Months					1,480
Average Patient Age	53	53	53	53	53

On an ongoing basis, the Applicant has documented difficulties in meeting the infusion nursing needs of its infusion therapy patients. This skilled nursing access problem arises from several different associated factors, each of which is summarized in the following paragraphs substantiated by the Applicant's Service Area Study which follows.

- **Specialty Patients Requiring IVIG and Alpha 1 Therapies:** These immunotherapy patients receive comparatively long infusions, lasting up to 6 hours for each therapy, generally only one time per month. Because of the duration of the infusion time and only once per month requirement, existing home health agencies do not provide this service. Another challenge with these patients is some receive blood based products or plasma derivatives which result in higher rates of patient reaction. Existing home health agencies do not generally accept these types of patients due to this reaction rate and associated liabilities. Additionally, some of these patients are not homebound and therefore would not qualify for a traditional certified home health visit. Given Medicare home health reimbursement, even if the patient is homebound, local home health agencies are not staffed or favorably inclined to provide a nursing service which lasts most of the work day for one full time equivalent. As an approved home health agency, Coram will provide this service for its immunotherapy patients which is otherwise unavailable for this population.
- **First Dose Administration:** Engaging a local home health agency to provide the first dose in a lengthy ongoing infusion therapy session is difficult at best as most do not have a first dose policy. Initiating infusion therapy services on a new patient requires specialized certified infusion

nurses, who are not regularly employed by Medicare certified home health agencies. These patients can be acute and complex or not homebound or low intervention. By providing the first dose at home, Coram can train the patient to self administer thus avoiding ongoing home health services for some of its patients. For others, Coram will meet this need by providing the required nurse to initiate therapy, first dose administration, then either continuing to treat the patient or turning the patient to the local home health agency if ongoing nursing care is required and a local home health agency is available and qualified for the service. As an approved home health agency, Coram will be able to expeditiously provide this service to effect a timely patient discharge from the hospital.

- **Low Intervention Patients:** These are patients who are not homebound and therefore do not qualify for Medicare/Medicaid home health services. They need the skilled nursing visit to initiate the infusion process and then train the patient to self administer. These patients are not seen by certified home health agencies as they don't generally qualify for services. It is these types of patients that stay in hospitals longer than necessary because they have to start infusion and be trained at the hospital due to lack of qualified home health agency availability. As an approved home health agency, Coram will admit these patients and train them to self administer, thus saving the system financially by avoiding prolonged hospitalizations.
- **Three Dose Schedule:** Patients on certain types of infusion are on a three dose schedule, 6 AM, 2 PM and 10 PM. Because of this schedule, many of these patients stay in the hospital extra day(s) because of the availability or lack thereof for nurses to be at home for the first dose, which may be at 10PM. Many home health agencies do not provide services nights and weekends. Likely home health hours are reported as 8AM to 5 or 6 PM and not on weekends, particularly to start a new patient. This impacts discharge dates from hospitals as well as first dose policy/training. In addition, short notice to these home health agencies for a late afternoon referral inevitably results in an extra day in the hospital. As an approved home health agency, Coram will treat these patients on an interim basis until the patient is trained to self administer or the local home health agency admits the patient.
- **Rural and Pediatric Patients:** It has also been Coram's experience with its infusion therapy patients, that those who reside in outlying counties – the rural areas within the 32-county service area – and pediatric patients are patients for whom it is difficult to obtain infusion nursing services. Coram will also fill this need when the situation arises.

Infusion nursing is highly specialized in protocol, equipment management, patient/family education and training and time commitment. These aspects of

home care delivery are not typical with the average Medicare certified home health agency patient profile and service delivery, or with their available nurse staff.

The service area definition proposed by the Applicant is defined at the county level. This was accomplished through thorough study of the Coram Knoxville Branch Patient Records which includes the patients' counties of residence, referral sources (i.e. place of hospitalization) and the specialized needs as discussed above. The counties for which approval is sought, based on the patient evaluation and needs, are the following:

Anderson	Grainger	Loudon	Roane
Blount	Greene	McMinn	Scott
Bradley	Hamblen	Meigs	Sevier
Campbell	Hancock	Monroe	Sullivan
Carter	Hawkins	Moore	Unicoi
Claiborne	Jefferson	Morgan	Union
Cocke	Johnson	Pickett	Van Buren
Fentress	Knox	Polk	Washington

The guideline relative to 1.5 percent of the population requiring home health services is generally not applicable to the infusion therapy population. First, the average home health agency utilization in the defined service area is 3.1 percent (not 1.5 percent as noted in the Guidelines). Second, the infusion population is a limited subset of that population or not included within that population at all. This relates to the fact that some of the patients are younger, not home bound and require start up and training for self administration, but not ongoing skilled visits.

Service Area Study: Typical Patient Profile versus Coram Patient Profile

A review of the Department of Health Division for Licensing Health Care Facilities indicates there are eighty one (81) home health agencies licensed to serve the Applicant's proposed service area. Evaluation of these 81 existing home health agencies serving the East Tennessee service area indicates these agencies are dramatically different than what is proposed via this CON application. Specifically, these Medicare certified home health agencies patient profile as provided in the Tennessee Joint Annual Report (JAR) Summary has the following characteristics:

- Homebound
- Average visit duration is one to two hours
- Equipment generally not involved
- 87 percent of patients are Medicare/Medicare HMO and TennCare
- 78 percent of the visits are Medicare/Medicare HMO and 3 percent are TennCare, for a combined 81 percent of patient visits and 76 percent of

revenues

- 73 percent are 65 years of age and older with more than 50 percent being 75 and older
- Of total visits in the East Tennessee county agencies,
 - 41 percent are physical, occupational and speech therapy,
 - 12 percent are home health aide and homemaker services,
 - 1 percent are medical social services, and
 - Just 46 percent are skilled nursing

Infusion nursing patients, and those proposed to be served by the Coram limited service home health agency, differ from the average Medicare certified home health agency patient. Notable differences are as follows:

- The predominant age of patients is under the age of 65
- Private insurance is the dominant payor
- Specialty patient infusion visits last up to six hours one time per month for lengthy infusions of immunoglobulin
- Antibiotic therapy and TPN patients can have up to three doses (infusions) per day at eight hour intervals
- Nurses require specialized understanding and protocol for infusion equipment
- The goal of infusion nursing is to train the patient to self administer with only limited follow up as needed by the nurse
- The patient may not be homebound, but may not have reasonable geographic or financial access to reach an ambulatory infusion center, hospital or other venue for infusion
- Infusion therapy in the home is more cost effective to the system than accessing the product and service in an institution (i.e. a hospital)

The needs of this highly specific patient population with unique infusion therapy requirements is not being met in the most appropriate, accessible and available means. With Coram's approval for a limited service home health agency license, these access problems can be ameliorated.

Service Area Study: Existing Agencies

A list of the 81 home health agencies along with their patient volume for patients residing in the 32 county service area for each of the last three calendar years is provided in the following table.

<i>Licensed Agency</i>	<i>County</i>	2011	2012	2013	<i># of Svc Area Counties</i>
Clinch River Home Health	Anderson	473	468	461	7
Professional Case Mgmt of Tennessee	Anderson	127	178	164	11
Blount Memorial Hospital Home Health	Blount	1,357	1,308	1,224	5
Family Home Care – Cleveland	Bradley	668	1,015	769	5
Home Health Care of East Tennessee, Inc	Bradley	2,380	2,448	1,546	8
Sunbelt Homecare	Campbell	285	260	261	7
Amedysis Home Health Care	Carter	1,241	1,147	1,162	4
Amedysis Home Health of Tennessee	Claiborne	1,730	2,074	1,830	5
SunCrest Home Health (Claiborne)	Claiborne	436	581	852	11
Cumberland River Homecare	Clay	14	10	10	2
Smoky Mountain Home Health & Hospice	Cocke	1,622	1,535	1,295	11
Gentiva Health Services (Med Home Care)	Coffee	30	21	23	1
Suncrest Home Health (Doctors in 2010)	Coffee	16	24	14	2
Angel Private Duty and Home Health	Davidson	0	0	1	1
Elk Valley Health Services Inc	Davidson	89	86	94	24
Home Care Solutions, Inc (LHC)	Davidson	221	362	463	13
Quality Home Health	Fentress	2,924	2,633	2,308	9
Quality Private Duty Care	Fentress	275	466	593	6
Amedisys Home Care	Franklin	10	15	10	1
Caresouth HHA Holdings of Winchester	Franklin	15	33	223	6
Advanced Home Care	Greene	385	525	762	4
Laughlin Home Health Agency	Greene	553	547	655	5
Procure Home Health Services	Greene	418	384	433	6
Amedisys Home Care	Hamblen	3,613	3,676	3,896	10
Premier Support Services, Inc	Hamblen	972	900	1,170	16
Univ of TN Medical Center Home Health	Hamblen	986	1,244	1,327	10
Alere Women's and Children's Health LLC	Hamilton	8	25	18	4
Amedisys Home Health	Hamilton	1,775	1,727	1,131	8
Continuare Healthservices, Inc I	Hamilton	146	148	132	3
Continuare Healthservices, Inc II	Hamilton	1	2	0	0
Gentiva Health Services	Hamilton	37	38	11	2
Guardian Home Care, LLC	Hamilton	855	749	573	5
Home Care of Chattanooga	Hamilton	2	0	0	0
Home Care Solutions	Hamilton	75	49	38	3
Life Care At Home Of Tennessee	Hamilton	318	506	433	4
Maxim Healthcare Services	Hamilton	15	30	14	3
Memorial Hospital Home Health	Hamilton	271	271	189	4
NHC Homecare	Hamilton	5	6	13	1
Hancock County Home Health Agency	Hancock	297	323	463	4
Hometown Home Health Care	Hawkins	173	0	89	3
Johnson County Home Health	Johnson	403	396	446	3
Amedisys Home Health Care	Knox	5,267	5,420	5,354	11
Camellia Home Health of East TN (Priority)	Knox	1,434	1,490	1,630	20
CareAll Home Care Services	Knox	257	278	510	6
Covenant Homecare	Knox	3,838	3,945	3,950	16
East TN Childrens Hosp Home Health Care	Knox	671	559	586	16
Gentiva Health Services	Knox	898	870	779	12

<i>Licensed Agency</i>	<i>County</i>	2011	2012	2013	<i># of Svc Area Counties</i>
Girling Health Care Services of Knoxville	Knox	0	24	31	1
Girling Health Care, Inc	Knox	1,093	1,020	1,436	17
Maxim Healthcare Services	Knox	159	139	159	17
NHC Homecare	Knox	575	608	613	11
Tennova Home Health (St Marys/Mercy)	Knox	3,586	3,146	3,063	14
The Home Option by Harden Health Care	Knox			233	9
Univ of TN Medical Center Home Health	Knox	2,530	3,264	3,235	13
Deaconess Homecare	Lincoln	14	0	23	1
Lincoln Medical Home Health & Hospice	Lincoln	0	18	1	1
NHC Homecare	Maury	0	0	6	1
Home Care Solutions	McMinn	297	349	7	1
NHC Homecare	McMinn	217	173	218	6
Woods Home Care	McMinn	0	0	283	4
Intrepid USA Healthcare Services	Monroe	237	273	357	7
Sweetwater Hospital Home Health	Monroe	462	569	613	5
Amedisys	Overton	438	316	419	4
Highland Rim Home Health Agency	Putnam	2	0	0	0
Intrepid USA Healthcare Services	Putnam	7	21	18	2
NHC Homecare	Rutherford	55	69	52	4
Deaconess Home care	Scott	406	352	394	4
Functional Independence Home Care	Shelby	3	0	0	0
Advanced Home Care	Sullivan	2,825	2,576	2,245	8
Gentiva Health Services	Sullivan	1,286	979	936	7
Unicoi County Home Health	Unicoi	246	209	206	1
Careall Home Care Services	Warren	17	9	26	1
Friendship Home Health, Inc.	Warren	42	59	77	1
Intrepid USA Healthcare Services	Warren	12	5	21	2
Amedisys Home Health	Washington	2,496	2,384	1,821	6
Medical Center Homecare Services	Washington	2,801	3,118	3,503	5
Medical Center Homecare, Kingsport	Washington	1,126	1,628	1,960	7
NHC Homecare	Washington	241	264	259	6
American National Home Health	Wilson	0	29	0	0
Careall	Wilson	30	0	0	0
Professional Home Health Care	Out of State	11	9	13	2
Total		58,800	60,382	59,850	—

Source: Joint Annual Report of Home Health Agencies, Attachment C, pages 6 through 10. Patients Serviced for the Service Area Counties per the Joint Annual Report Summary as reported in Report #6. The Number of Service Area Counties represent those counties within the Coram East Tennessee Service Area in which each home health agency had patients during 2013.

As the data above shows, many of these 81 agencies have very limited patient counts residing in the 32 county service area with some not even serving the area in 2013. Others may only serve 1 or a few of the 32 county service area. More importantly is the fact these HHA patients do not correlate with that proposed by this Coram CON application. Whereas 87 percent of patient counts of the above agencies' volume are Medicare/Medicare HMO and TennCare, Coram expects none of its patients to be Medicare and TennCare. Whereas the majority of the above agencies patients are 65 years of age and older, Coram expects its patients to be for the most part under the age of 65.

As discussed in this CON application, existing home health agencies are reluctant and refuse to treat many of these patients in their homes for a variety of reasons, mostly because the patients are not truly “home bound”, they do not qualify for home care reimbursement. In other cases, the nature of the therapy, such as IVIG or Three Dose Therapies, which are either frequent throughout the day or require a several hour administration and observation, is not economically viable for existing HHAs to tie up a nurse for such low reimbursements. And finally, no existing HHA will consider administering First Dose Therapies and will only treat established infusion therapy patients.

Service Area Study: Existing Agency Service Availability

During the fourth quarter of 2013, Coram undertook a research study of the existing home health agencies within its proposed service area footprint to confirm each agency’s skill set relative to infusion nursing. The purpose of this research was to identify resources to make Coram’s pharmacy more effective, or in the alternative, to provide documentation supporting this CON application. Following is a summary of the findings:

- IVIG: For the query as to whether the agencies provide nursing infusion services for IVIG patients, following were the responses of the agencies which responded to this question:
 - Fifty four percent said they do not provide the service.
 - Of the remainder, some indicated yes, others depends and others occasionally. Some qualified the responses with if they had the staff, had appropriate training and/or on a case by case basis.

As will be noted in the further Service Area Study detailed below, ‘yes’ doesn’t always mean yes.

- Alpha1: For the query as to whether the agencies provide nursing infusion services for Alpha1 patients, the answers were similar to IVIG with a few exceptions:
 - More than one half said they do not provide the service.
 - Of the balance, some said yes with training, others indicated could provide the service but hadn’t done so in a while and others indicated on a case by case basis.
- First Dose Therapies: For the query as to whether the agencies provide nursing infusion services for First Dose Patients, following were the responses of the 46 agencies which directly responded to this question:
 - 79 percent do not provide the service.
 - Others indicated it depends or they could potentially provide the service.

The Applicant does not have specific letters from area home health agencies with respect to their limitations in service provision and corresponding support for this application. However, one of the agencies within the State of Tennessee which was queried by Coram provided the following information in email format:

"...Methodist HH has historically not taken part in providing care for first dose or biologic infusions, you are correct. I think Coram is the right place to maintain this as a specialty function for their nurses trained in this procedure. Methodist does not plan to move in the direction of staffing for first dose or biologics in the home. ... While I am in favor of your nursing staff managing your first dose/biologic services, I am not sure my signing a letter of support for your HHA would be approved by Methodist - might be a bit of a conflict there. I would not actively oppose Coram seeking licensure, though, to serve this unique population."

The email is included in Attachment, Section C, Need: Home Health Services, Item 5. This information is a clear depiction of the existing situation relative to competition and existing providers. While the home health agency recognizes the importance of Coram's mission and service, no letter of support can be provided.

In line with this email, the Applicant does not believe any home health agency is going to admit that it is unable to perform any particular licensed home health agency service and provide a letter of support for this CON application in conjunction with that admission. However, the Applicant is unable to find anywhere in the enabling statute, promulgated regulations of the HSDA, the Guidelines for Growth or any criteria that requires an applicant for any CON produce documentation that existing providers lack interest in the services proposed to be provided by a CON applicant. The Applicant will supplement the record up to the hearing date upon receipt of any letters of support from any of the existing home health agencies.

Service Area Study: Patients Requiring Home Health Agency Services

Patients currently referred to Coram for pharmacy products fit into one of the product categories described above. Many of these patients who are typical therapy patients are referred by the physician or hospital with home health, if necessary, in place. The more challenging patients are those referred to Coram for pharmacy products which are first dose, specialty infusion (IVIG, Alpha1), multiple times per day infusions or low dose interventions.

For these patients who are referred to Coram pharmacy without a needed home health service, beginning in June 2013, Coram initiated telephone documentation of the requirements that became imposed on Coram to meet the patient's needs with an effective discharge from the hospital (as most of these patients were hospitalized). For these patients without necessary home health support for which Coram undertook the challenge to find the requisite resources for the patient, Coram documented the situation. The following table presents a summary of the documentation from June through January 2014:

Month/Year	Number of Patients Referred without Home Health	Coram Initiatives to Identify Home Health Service		
		Home Health Identified Timely	Delayed Home Health Identification	No Home Health Identified
June 2013	13	6	6	1
July 2013	9	3	3	3
August 2013	15	5	8	2
September 2013	7	1	5	1
October 2013	15	6	9	0
November 2013	11	4	5	2
December 2013	11	5	3	3
January 2014	5	1	3	1
Eight Month Total	86	31	42	13
Average/Month	10.8	3.9	5.3	1.6
Percent	—	36.0%	48.8%	15.1%

As presented in the above table, only 36 percent, or 3 ½ out of 10 patients received home health services on a timely basis. Fifteen percent, or 1.5 in ten patients, did not receive the service so alternative treatment was pursued. The balance, nearly half – 48.8 percent of patients, had delayed access to treatment.

In sum, nearly two thirds of patients (64 percent) requiring medically necessary services did not receive services on a timely basis, had delayed discharges from the hospital or did not receive the service in the most effective and appropriate manner. This is clearly a deficiency in the healthcare delivery system that needs

to be addressed; and, it can be appropriately remedied with the approval of Coram's limited service home health agency via this CON application.

Service Area Study: Patient Case Study

Coram regularly works with its pharmacy patients to understand their needs and how they may be best met in an efficient, cost effective and expeditious manner. Patients who have an understanding of resources that are NOT available to meet their needs can be valuable in sharing their "story" with HSDA so that Coram may receive CON approval. Certain Tennessee patients of Coram's pharmacy business have agreed to "provide their story" in the form of a letter. Following is one story:

- Michelle B: *"I am a nurse who is also a long term Total Parenteral Nutrition (TPN) patient. My personal experiences and my clinical knowledge are presented here to share with you why it is so very important that your Agency approve Coram's request for a limited service home health agency. By way of background, I travel extensively and am involved in a patient advocate program. Because of my personal history with access maintenance and having to have a line replaced while out of the country in the past, I requested a PICC line repair kit from Coram. Coram provides my TPN products. Coram had the kit available and the requisite program and educational material. However, because the Memphis branch did not have a CON to provide skilled nursing services, the nurses at the branch could not 'touch' me nor provide me with the skilled nursing training. Therefore, I went without this valuable resource. Sure enough, about two months later, I experienced a fracture on the pigtail portion of my line that resulted in what I consider an unnecessary procedure. Had Coram had its limited home health agency license, the healthcare systems costs would have been less as (1) I would not have had to had an extra procedures; (2) I could have fixed the problem without outside intervention; (3) the quality of my treatment and experience would have been improved; and (4) outcomes would have been improved. From a personal standpoint, the additional costs I incurred and additional hardships and recovery from the procedure I had to endure would have been avoided. I would have also had better patient outcomes, improving the quality and cost effectiveness of my care and treatment. For the reasons as stated above, and my knowledge of Coram's commitment to quality service, please approve Coram's CON request for a limited service home health agency. Please contact me if I can be of further assistance."*

Service Area Study: Patient Placement Hardships

Brief summaries of some of the patients having delayed or no access to care (the 64 percent group) which are summarized in the prior discussion are as follows:

- Patient #1, dubatamine IV continuous: 8 contacts; seven declined service due to not being able to provide this therapy (3), not staffed to provide this service (2) and other reasons (2). Agencies declining this patient included Amedisys, Procure, Interim, NHC, Smoky Mountain, Medical Center of Johnson City and Advanced HomeCare.
- Patient #2, Blue Cross patient, zemaira IV weekly: 7 contacts; four declined due to not being able to provide this therapy (not authorized, no staffing and nobody qualified); one out of area and one would not accept Blue Cross rates. Agencies declining service included Mountain States, Advanced HomeCare, Suncrest, NHC, Smoky Mountain and Procure.
- Patient #3, BlueCare patient, pharmacy prescription for solumedrol: eleven contacts; all 11 declined service due to out of area, out of network or other reasons. Declining agencies included Camellia, Interim, Intrepid, Suncrest, Covenant, Homecare Solutions, Blount, UT and Tennova.
- Patient #4, Blue Cross patient, TPN: 10 contacts, 9 unsuccessful. Reasons for not accepting patients include not staffed or insufficient staffing, out of network, out of service area and lack of resources. Declining agencies included Quality, Suncrest, Camelia, Ability, Clinch River, NHC, Tennova, Smoky Mountain and Blount.
- Patient #5, BlueCare patient, pharmacy prescription for solumedrol daily for four days: 4 contacts, all declined for out of network or authorization. Declining agencies included Suncrest, Gentiva, Procure and Medical Center Home Health.
- Patient #6, pharmacy prescription for IVIG: 7 contacts; six denied for staffing or out of network. Declining agencies Amedisys, Girling, UT, Gentiva, Blount and Smoky Mountain.
- Patient #7, Medicare, pharmacy prescription for prevision for five hours so minimum six hour visit: 12 contacts; all declined due to staffing and resources to cover visit. Declining agencies included Maxim, Quality, Amedisys, Homecare Solutions, Clinch River, Covenant, Camelia, Careall, UT, Girling, Intrepid and Home Options.
- Patient #8, CIGNA, pharmacy prescription for glassia: eleven contacts, all denied service. Reasons given were out of network or out of area.

Declining agencies included Amedisys, Girling, Tennsova, NHC, UT, Clinch River, Intrepid, Gentiva, Blount, Covenant and Quality.

- Patient #9, AETNA, prescription for steroid: 8 contacts, seven declined due to staffing issues or network. Declining agencies included Amedisys, Smoky Mountain, Interim, Camelia, Suncrest, Covenant and UT.
- Patient #10, prescription for IVIG: sixteen contacts; fifteen denied and one accepted if had three weeks to schedule and patient went to infusion center for initial doses. Denials were due to staffing, don't provide IVIG therapy or out of network. Denying agencies included Guardian, Memorial, Amedisys, Gentiva, Homecare Solutions, Careall, Camelia, Eastridge, Lifecare at Home, Continucare and NHC.
- Patient #11, CIGNA, prescription for inotrip: 11 contacts, ten declined service due to staffing issues or out of network. Denying agencies included Amedisys, Continucare, Memorial, Lifecare at Home, Guardian, Family, NHC, HHC of East Tennessee, CareSouth and Gentiva.
- Patient #12, prescription for solumedrol: eight contacts; seven denied due to network, out of service area or staffing. Denying agencies included Smoky Mountain, Covenant, Interim, Amedisys, Suncrest, Quality and Camelia.
- Patient #13, prescription for IVIG: 11 contacts, eight declined service due to staffing issues (no IVIG) and three declined due to being out of network. Denying agencies included Amedisys, Camelia, Intrepid, Guardian, NHC, HomeCare Solutions, Sweetwater, Family, CareSouth, Memorial and HHC of East Tennessee.

Additional details of these patient situations and the balance of the other patient encounters summarized in the June 2013 through January 2014 documentation are available upon request, subject to HIPAA regulations.

Coram's proposed home health agency will address the system limitations created by the documented gap in the delivery system. Coram recognizes it can correct these deficiencies as each of the patient scenarios detailed above could be remedied with the approval of this CON application, and would not have occurred had Coram been licensed as a limited service home health agency.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**NEED: HOME HEALTH SERVICES**

- 2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county. The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.**

The defined service area for Coram Alternate Site Services, Inc.'s proposed home health agency includes 32 counties within East Tennessee. This area represents the counties where in excess of 92 percent of Coram's Tennessee infusion therapy patient population resides and 87 percent of its overall patient population (as five percent reside out of State).

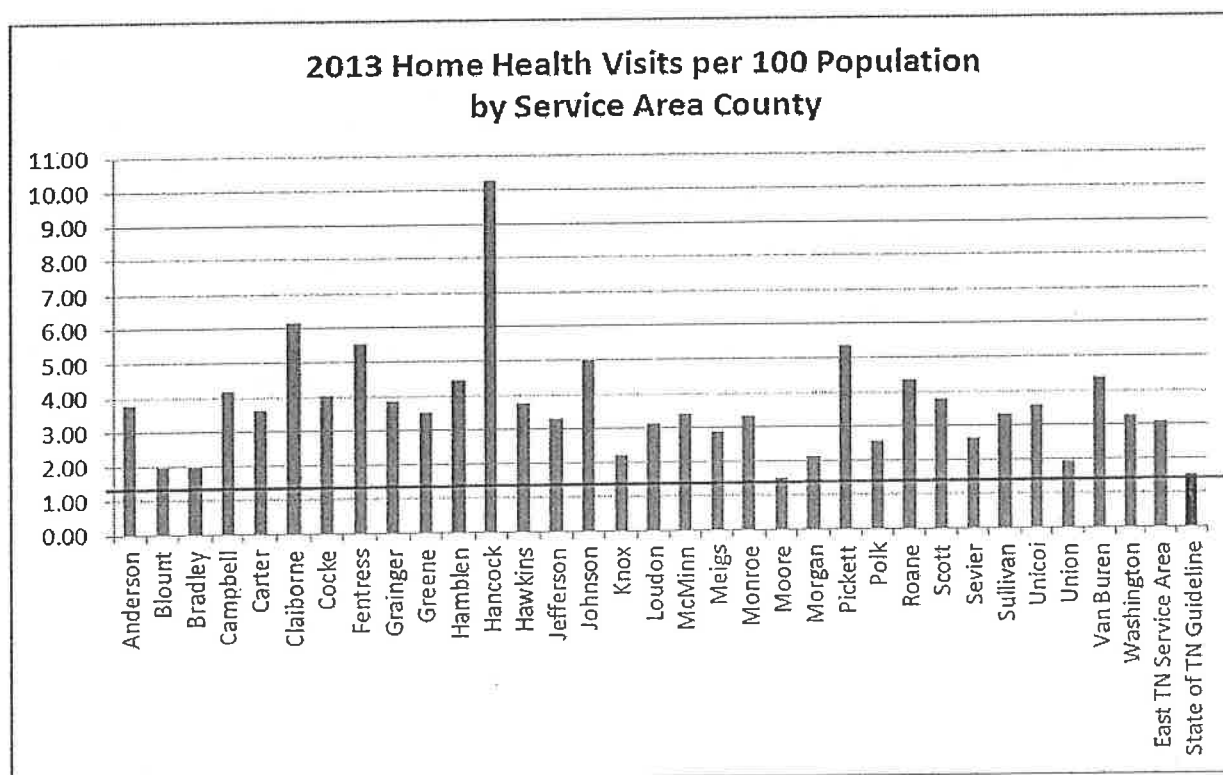
In the following table is the current (2013) population as estimated by the Tennessee Office of the Governor, forecasted five years from current to 2018. Accompanying the population count is the home health formula identifying potential home health patients as a 1.5 percent general guideline applied to the total population.

Service Area County	Population		1.5 Percent General Guideline	
	2013	2018	2013	2018
Anderson	76,182	77,851	1,143	1,168
Blount	126,809	135,171	1,902	2,028
Bradley	102,235	107,481	1,534	1,612
Campbell	41,163	42,566	617	638
Carter	57,228	57,680	858	865
Claiborne	32,457	33,280	487	499
Cocke	36,330	38,615	545	579
Fentress	18,290	18,987	274	285
Grainger	22,994	23,675	345	355
Greene	69,888	71,594	1,048	1,074
Hamblen	63,763	65,570	956	984
Hancock	6,652	6,640	100	100
Hawkins	57,273	58,164	859	872
Jefferson	53,006	56,872	795	853
Johnson	18,126	18,127	272	272
Knox	448,093	475,569	6,721	7,134
Loudon	50,356	53,192	755	798
McMinn	53,004	54,203	795	813
Meigs	12,064	12,643	181	190
Monroe	45,664	48,088	685	721
Moore	6,369	6,401	96	96
Morgan	21,826	22,004	327	330
Pickett	5,045	4,943	76	74
Polk	16,654	16,588	250	249
Roane	53,918	54,457	809	817
Scott	21,986	21,969	330	330
Sevier	93,637	100,362	1,405	1,505

Service Area County	Population		1.5 Percent General Guideline	
	2013	2018	2013	2018
Sullivan	158,451	161,136	2,377	2,417
Unicoi	18,334	18,511	275	278
Union	19,231	19,605	288	294
Van Buren	5,456	5,474	82	82
Washington	128,537	138,370	1,928	2,076
East TN Service Area	1,941,021	2,025,788	29,115	30,388

Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics, 2014 Revision.

The above computes an estimated 29,000 persons who are appropriate for home health services, based on the general guidelines. Actual experience within these 32 counties far exceeds the need estimate based on 1.5 percent. In fact, there are NO counties in the service area's 32 counties which has a use rate less than 1.5 percent. All counties range between 1.5 and 10.3 percent. Actual 2013 use rates by service area county are shown in the following chart:



Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics, 2014 Revision.

The overall average of the service area is 3.1 percent, which is more than 100 percent greater than the 1.5 percent guideline. Had the actual historical utilization been utilized to forecast the demand in 2018, the estimate slightly more than 29,000 visits in 2018 would have increased to 60,172 – - two times more

than the computation utilized by the State to determine need presented in the above table.

Actual utilization experience of all counties in the service area demonstrates the State's need formula of 1.5 percent of population is a dated formula not incorporating the healthcare system's focused initiative to provide healthcare services to patients in the least restrictive, least costly appropriate environment. Focus on community based programs and services, outpatient treatment and effectively treating patients in a less costly environment all contribute to the 1.5 guideline rate being an inappropriate measure of the need for home health services.

Coram's proposal involves providing services to approximately 178 patients per year. This represents only 0.6 percent of the 29,115 in the table or 0.3 percent of the actual/expected 60,172 identified patients if the total is inclusive of the infusion patient.

Aside from actual experience in the service area far exceeding the 1.5 computation, in the case of this CON application for a restricted home health service license, the general guideline is not applicable as the proposed patient population is not the traditional home health client, nor is the person seen for the same length of time. The population in need of infusion nursing services is generally not elderly, not covered by Medicare, not in need of the full scope of home health services and may not even be homebound. The patient, however, will be a costly addition to the healthcare system if the infusion service is provided in an institutional setting versus at home. Furthermore, part of Coram's proposal is to educate the infusion patient to enable self administration after the initial visit(s). Therefore, further reduction in costs to the healthcare system will be expected with the approval of this CON application.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED: HOME HEALTH SERVICES

3. Using recognized population sources, projections for four years into the future will be used.

The defined service area for the Applicant is 32 counties within East Tennessee. These counties include those listed in the table below which also provides forecasted population as estimated by the Tennessee Office of the Governor, four years from current (2014), the forecasted change between 2013 and 2018 and the percent that change represents.

Service Area County	Population		Change from 2013 to 2018	
	2013	2018	Count	Percent
Anderson	76,182	77,851	1,669	2.2%
Blount	126,809	135,171	8,362	6.6%
Bradley	102,235	107,481	5,246	5.1%
Campbell	41,163	42,566	1,403	3.4%
Carter	57,228	57,680	452	0.8%
Claiborne	32,457	33,280	823	2.5%
Cocke	36,330	38,615	2,285	6.3%
Fentress	18,290	18,987	697	3.8%
Grainger	22,994	23,675	681	3.0%
Greene	69,888	71,594	1,706	2.4%
Hamblen	63,763	65,570	1,807	2.8%
Hancock	6,652	6,640	(12)	-0.2%
Hawkins	57,273	58,164	891	1.6%
Jefferson	53,006	56,872	3,866	7.3%
Johnson	18,126	18,127	1	0.0%
Knox	448,093	475,569	27,476	6.1%
Loudon	50,356	53,192	2,836	5.6%
McMinn	53,004	54,203	1,199	2.3%
Meigs	12,064	12,643	579	4.8%
Monroe	45,664	48,088	2,424	5.3%
Moore	6,369	6,401	32	0.5%
Morgan	21,826	22,004	178	0.8%
Pickett	5,045	4,943	(102)	-2.0%
Polk	16,654	16,588	(66)	-0.4%
Roane	53,918	54,457	539	1.0%
Scott	21,986	21,969	(17)	-0.1%
Sevier	93,637	100,362	6,725	7.2%
Sullivan	158,451	161,136	2,685	1.7%
Unicoi	18,334	18,511	177	1.0%
Union	19,231	19,605	374	1.9%
Van Buren	5,456	5,474	18	0.3%
Washington	128,537	138,370	9,833	7.6%
East TN Service Area	1,941,021	2,025,788	84,767	4.4%

Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics, 2014 Revision.

Given the Applicant's forecasted skilled nursing patient count and skilled nursing patient visits, it only expects to annually admit 0.0092 percent of the total population (178 / 1,941,021) based on 2013 population counts, decreasing to 0.0088 percent based on 2018 population counts.

As noted previously, this application is for a limited service (restricted) home health agency to provide infusion nursing and related services to infusion therapy patients in their home. It is a special circumstance and category of patient who does not fall within the traditional home health type patient. Accordingly, its need should be measured by the special circumstances demonstrated by the Applicant, not the traditional or general observations included in the Guidelines.

Service area maps have been prepared for this project and are included in Attachment, Section B, Project Description, Item V and Attachment C, Home Health Services, Item 3. There are two maps included. The first one is the entire state with the service area counties highlighted. The second version has the service area "zoomed in" to provide more detail at the county level.

There are no readily available infusion nursing services to meet the unique needs of the Coram infusion therapy patients. Time and time again, Coram and its referring hospitals struggle with this dilemma resulting in extended but avoidable hospital stays of these patients. Constituent input supporting this fact is presented in response to Question 5 below.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**NEED: HOME HEALTH SERVICES**

- 4. *The use rate of existing home health agencies in the county will be determined by examining the latest utilization rates as calculated in the Joint Annual Report of existing home health agencies in the service area. Based on the number of patients served by home health agencies in the service area, an estimate will be made as to how many patients could be served in the future.***

Home health agencies with licenses in each county do not necessarily provide services within the counties for which they are licensed. As required in the Joint Annual Reports (JAR), each home health agency is to identify its patients by county of residence. So, for example, an agency licensed in 15 counties may not have patients in all 15 counties. And, by being licensed in those 15 counties, the JAR Summary will list "licensed" agencies and "reporting" agencies indicating that although licensed each is not reporting services to residents of each county in which it is licensed.

The following table identifies the number of licenses by county along with those agencies providing reports and reporting residents by county.

Service Area Counties	Number of Home Health Agencies	
	Licensed	Reporting
Anderson	22	19
Blount	18	18
Bradley	16	14
Campbell	21	18
Carter	12	11
Claiborne	19	15
Cocke	16	14
Fentress	10	7
Grainger	22	20
Greene	20	17
Hamblen	19	17
Hancock	14	11
Hawkins	21	18
Jefferson	20	19
Johnson	5	5
Knox	24	23
Loudon	23	21
McMinn	17	17
Meigs	18	16
Monroe	19	19
Moore	13	10
Morgan	21	21
Pickett	8	6
Polk	11	11
Roane	24	22

Service Area Counties	Number of Home Health Agencies	
	Licensed	Reporting
Scott	18	15
Sevier	19	18
Sullivan	14	13
Unicoi	13	11
Union	21	18
Van Buren	12	11
Washington	16	14

Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

The total of the table will not indicate how many home health agencies are licensed within the 32 county area. A cumulative total will actually provide the aggregate number of counties. So in the example where one home health agency is licensed in 15 counties, it is counted 15 times in the above list. In this case, there are 81 licensed agencies serving one or more counties in this service area.

Considering just the active home health agencies and patients by county of residence, and the 2013 utilization by county, the effective use rate averages 31.0 patients per 1,000 population, or 3.10 percent of the population. As shown in the following table, all 32 counties have use rates at or exceeding the State guideline. These range from a low of 1.52 percent to a high of 10.25 percent depending on the county of residence.

Service Area County	Patients Served in 2013	2013 Population	Use Rate	2018 Population	Estimated 2018 Capacity
Anderson	2,893	76,182	0.0380	77,851	2,956
Blount	2,507	126,809	0.0198	135,171	2,672
Bradley	2,021	102,235	0.0198	107,481	2,125
Campbell	1,715	41,163	0.0417	42,566	1,773
Carter	2,072	57,228	0.0362	57,680	2,088
Claiborne	2,002	32,457	0.0617	33,280	2,053
Cocke	1,467	36,330	0.0404	38,615	1,559
Fentress	1,015	18,290	0.0555	18,987	1,054
Grainger	886	22,994	0.0385	23,675	912
Greene	2,454	69,888	0.0351	71,594	2,514
Hamblen	2,835	63,763	0.0445	65,570	2,915
Hancock	682	6,652	0.1025	6,640	681
Hawkins	2,148	57,273	0.0375	58,164	2,181
Jefferson	1,749	53,006	0.0330	56,872	1,877
Johnson	907	18,126	0.0500	18,127	907
Knox	9,976	448,093	0.0223	475,569	10,588
Loudon	1,572	50,356	0.0312	53,192	1,661
McMinn	1,807	53,004	0.0341	54,203	1,848
Meigs	346	12,064	0.0287	12,643	363
Monroe	1,517	45,664	0.0332	48,088	1,598
Moore	97	6,369	0.0152	6,401	97
Morgan	472	21,826	0.0216	22,004	476

<i>Service Area County</i>	<i>Patients Served in 2013</i>	<i>2013 Population</i>	<i>Use Rate</i>	<i>2018 Population</i>	<i>Estimated 2018 Capacity</i>
Pickett	271	5,045	0.0537	4,943	266
Polk	427	16,654	0.0256	16,588	425
Roane	2,354	53,918	0.0437	54,457	2,378
Scott	835	21,986	0.0380	21,969	834
Sevier	2,452	93,637	0.0262	100,362	2,628
Sullivan	5,259	158,451	0.0332	161,136	5,348
Unicoi	659	18,334	0.0359	18,511	665
Union	371	19,231	0.0193	19,605	378
Van Buren	240	5,456	0.0440	5,474	241
Washington	4,181	128,537	0.0325	138,370	4,501
Total	60,189	1,941,021	0.0310	2,025,788	62,562

Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics, 2014 Revision.

As the table in response to Section C, Need, Question 5 indicates, there are actually 81 agencies reporting activity in 2013 in these counties. Yet, despite this number of agencies, there is a compelling need for approval of Coram's proposal for infusion nursing services. The distinct and highly specialized need with credentialed certified staff is unique when one considers the existing home health agencies serving East Tennessee. Their provision of services does not generally include first dose protocols or certified infusion staff, but rather focuses on Medicare clients in need of skilled, aide and therapy visits.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**NEED: HOME HEALTH SERVICES****5. Documentation from referral sources:**

- a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.**
- b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.**
- c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.**
- d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.**

The patients to be treated by Coram will be its home infusion product patients in need of administration of the infusion product and related infusion nursing services. By way of example and not limitation, the related services are line maintenance, infusion equipment repair and replacement and dressing changes on central lines and external access ports. These services will be provided by a registered nurse who is appropriately credentialed and is certified with a CRNI designation (certified registered nurse-infusion). These services and credentials are a unique service and not typical of the average Medicare certified home health agency available to East Tennesseans.

The types of patients will be restricted to infusion therapy patients. Types of infusion products to be administered include:

- Antibiotics
- Total parenteral nutrition (TPN)
- Hydration
- Cardiac products (such as inotropic therapies)
- Intravenous immunoglobulin (IVIG) and other similar specialty drugs
- Pain management
- Antiemetic
- Steroids

The uniqueness of this patient population that drives the need for Coram to be licensed as a home health agency includes the following infusion patients by group:

- Specialty Patients Requiring IVIG and Alpha 1 Therapies
- First Dose Administration
- Low Intervention Patients
- Three Dose Schedule Patients
- Rural and Pediatric Patients

The underlying bases and discussions relative to the lack of access and availability of skilled nursing services for this patient population are provided in response to Section C, Need: Home Health Services, Question 1. In summary, each of these patient types requires and will benefit from infusion nursing services in the home which includes patient and family education for self administration.

To estimate the number of infusion nursing patients and their related skilled visits for the forecast period, the Applicant considered the types of infusion therapy products which comprise the patient therapies for which it has physician orders, the average monthly census by type of infusion and the hardship the Applicant has encountered in various situations throughout East Tennessee in obtaining qualified infusion nursing services from other third parties. This affected the analysis because Coram is not intending on competing with existing available services but rather responding to a community need based on the gap in service which equates to a lack of availability or accessibility of infusion nursing services.

As noted previously, there are primary differences between two types of Coram patients. One is the more typical infusion therapy patient receiving antibiotics, TPN, pain management, cardiac and the like; the other is the specialty patient receiving immunoglobulin or alpha 1 therapies. Following is a table that reflects the number of therapies by quarter for the most recent calendar year:

<i>Therapy</i>	<i>Q1-2013</i>	<i>Q2-2013</i>	<i>Q3-2013</i>	<i>Q4-2013</i>	<i>CY 2013</i>
AIS Antiviral Antifungal Agents	0	0	1	0	1
Alteplase Tissue Plasminogen Activator	0	0	0	1	1
Antibiotics	87	75	85	79	326
Anticoagulant Therapy	1	0	0	1	2
Antiemetic	2	2	2	2	8
Antiinflammatory	1	1	0	0	2
Antiviral Antifungal Agents	3	3	1	5	12
Aralast Alpha-Proteinase Inhibitor	1	1	3	2	7
Calcitonin	4	1	1	1	7
Cardiovascular Agent	4	0	1	5	10
Catheter Care	25	27	24	23	99
Chelation Therapy	0	1	0	0	1
Chemotherapy	3	2	0	1	6
Colony Stimulating Factor	1	1	0	0	2
Corticosteroid Therapy	17	14	16	18	65

Therapy	Q1-2013	Q2-2013	Q3-2013	Q4-2013	CY 2013
Diuretic Agent	1	3	1	1	6
Fabrazyme	1	0	0	0	1
Gastrointestinal Tract Agent	1	1	1	0	3
Immunoglobulin IV	12	14	13	14	53
Immunoglobulin Subcutaneous	39	41	40	40	160
IV Fluid Replacement, Hydration	10	10	9	12	41
Misc IV Drugs	2	5	2	1	10
Opiate Pain Management	2	3	3	1	9
TPN	11	10	6	9	36
Zemaira Alpha Proteinase Inhibitor	1	1	3	3	8
Total	229	216	212	219	876

The more common therapies comprise 73 percent of Coram's deliverables; the specialty patients comprise 27 percent of the Knoxville Branch therapies provided. In terms of estimated requirement for infusion nursing services, it is estimated that 100 percent of the specialty patients will require the service. Depending on the therapy, the service could be an initial treatment covering several days and then once per month; others may be three visits at start of care then only annual reevaluation. The number of visits is dependent on the therapy regimen and the treatment duration (i.e. for life or some shorter time frame). The reason for such high utilization is these patient infusions last up to 6 hours per treatment and/or the patient is not homebound. As such, the more traditional home health agency providing intermittent services for the homebound is not generally staffed for nor compensated for under Medicare guidelines such long nursing visits. Ongoing, Coram has significant challenges to find nursing services for these patients resulting in these patients remaining in the hospital for an unnecessary prolonged period, having the patient travel to his/her physician office for Coram to meet the patient in that setting or having the patient travel to another licensed location – all creating hardship on the patient and family.

For the balance of Coram's therapy patients, it is estimated that 5 percent of those patients will require infusion nursing provided by Coram's home health agency. Similarly, this patient estimate is based on the Applicant's assessment of its patient case load and the challenges it regularly faces in admitting a patient to the pharmacy service that cannot obtain at home support to initiate the infusion therapy. Depending on the therapy, each patient will receive four visits per month on average.

Extrapolating the above utilization assumptions and applying them to the estimated future monthly census of infusion therapy patients results in a computed approximate 19 percent of Coram's pharmacy patients requiring skilled nursing services be provided by Coram. Coram herein provides the information and patient counts/visits regarding the types of cases that it will treat as part of its home infusion nursing services. All home health visits will be skilled nursing as noted in the following table:

Factor	Year One	Year Two
Number of Home Health Patients	162	178
<i>Skilled Home Health Visits by Infusion Therapy Type</i>		
Aralast Alpha-Proteinase Inhibitor	100	110
Immunoglobulin IV	233	257
Immunoglobulin Subcutaneous	172	189
Zemaira Alpha Proteinase Inhibitor	114	126
Other Specialty	117	127
Subtotal	736	809
All Other (TPN, Antibiotics, Etc)	458	503
Total Annual Skilled Nursing Visits	1,194	1,313

Regarding support from the provider community, the Applicant has received letters of support from existing infusion therapy referral sources who recognize the need for Coram to be licensed to realize more effective and appropriate hospital discharges. These letters include specialty physicians, patients and others. Sentiments from these letters supporting the need for this CON application's approval include the following:

"...Typically, the patient I am referring (to Coram) carry the diagnosis of primary immune deficiency. As you can understand, it is in general in the patient's best interest, with hypogammaglobulinemia, to avoid hospital settings and sick contact. An ideal approach is for these patients to have treatments provided in the home when possible. Unfortunately, it is rare to find a home health agency willing to provide these services in the home, especially for pediatric patients. It is even a more difficult problem to find a home health agency willing to provide infusion nursing services for specialized infusion products such as IVIG, typically due to lack of qualified nursing or inexperience in dealing with patients carrying diagnoses of primary immune deficiency."

"...I have dealt with Coram in the past; and the need for skilled nursing services for this population of patients is a current great need that is inadequately met."

"...When my patients who require IVIG therapy, and the most appropriate quality of care site to administer is the home, the availability of this service is virtually non-existent."

"...The licensed home health agencies serving our area are not proficient in IVIG therapy, are not familiar with first dose protocols and are generally not available to provide a nursing visit that lasts five to six hours which my patients require."

"...My patients who require immunoglobulin therapy do not have adequate services available to them..."

"...The typical home health agency nurse, not certified in Infusion Services, does not understand the importance of pharmacokinetics like the Coram nurses do. ... impacted my patient... This example is not in isolation; I regularly have other such circumstances."

"...It is important to me that Coram's requested certificate of need be approved This will improve by patient's quality of care and these patient outcomes."

"...I am well aware that Coram spoke with eleven different agencies – all of whom denied me the needed training and treatment. This delay caused my much anxiety. I can't imagine that it didn't also increase my treatment costs to the healthcare system."

"...Having treatment needs is hardship enough on a patient. Not being able to reasonably access treatment in a timely manner is even worse."

"...Had Coram had its limited home health agency license, the healthcare systems costs would have been less as (1) I would not have had to had an extra procedure; (2) I could have fixed the problem without outside intervention; (3) the quality of my treatment and experience would have been improved; and (4) outcomes would have been improved."

"...the additional costs I incurred and additional hardships and recovery from the procedure I had to endure would have been avoided."

Please refer to Section C, Home Health Services, Item 5 for the letters of support provided by referral sources and these other knowledgeable parties in the service area.

It is clear from these letters that the appropriate home infusion nursing services required by these infusion therapy patients is not readily available throughout the East Tennessee service area. Existing agencies do not meet the needs of these patients, due to the fact that some of the services do not qualify for Medicare/Medicaid provision meeting the conditions of participation; some of the services are so atypical of the reimbursement methodology associated with short term intermittent nursing treatment; and some of the nursing services are a relocation of in hospital care to the patient home to provide a more cost effective, patient oriented service.

Approving the Coram CON application for a restricted home health license will have a positive effect on the quality of care available to the area population, will improve the discharge options available to area hospitals, will enhance quality of care through more prompt and cost effective discharge of patients and will meet a demonstrated need for infusion nursing services throughout the region.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**NEED: HOME HEALTH SERVICES**

6. *The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.*
- a. *The average cost per visit by service category shall be listed.*
- b. *The average cost per patient based upon the projected number of visits per patient shall be listed.*

The average cost per skilled nursing visit for the Applicant is forecasted to be \$140 in 2015 (year one) dollars. This is computed based on taking projected data chart total costs and dividing by the number of visits. It is based upon a mix of patients as described previously with some portion of the visits lasting up to six hours, or three times as long as the typical visit duration. Evaluating cost per visit based on the typical visit versus the six hour visit, the Applicant's estimated costs per visit are approximately \$117 and \$348, respectively.

In considering the charge per visit of home health agencies operating within the service area, the average for a skilled nursing visit for the agencies listed in response to Section C, Need, Question 5, per the 2013 Joint Annual Report Summary was only provided by two agencies as follows:

<i>Agency Name</i>	<i>2013 Charge Per Skilled Visit</i>
East Tennessee Children's Hospital Home Health Care (Knox)	\$217
Maxim Healthcare Services, Inc. (Knox)	\$58

Source: Report 3 from the 2013 Joint Annual Report Summary.

The average charge for these two agencies combined is \$138 per visit. In addition to the above reported charges per skilled visit, eight agencies report a 2013 charge per hour for skilled care. If we were to assume an average two hour skilled visit, following would be the correlating charge per skilled visit for these additional home health agencies.

<i>Agency Name</i>	<i>2013 Charge / Skilled Visit (*)</i>
Quality Home Health (Fentress)	\$80
Quality Private Duty Care (Fentress)	\$78
Procure Home Health Services (Greene)	\$250
Premier Support Services (Hamblen)	\$70
Hancock County Home Health Agency (Hancock)	\$64
Camellia Home Health of East Tennessee, LLC (Knox)	\$82
CareAll Home Care Services (Knox)	\$68
The Home Option by Harden Healthcare (Knox)	\$170

() Assumes charge per hour as reported in Report 3 of the Joint Annual Report Summary times two.*

The above averages \$108 per visit, assuming a two hour visit in 2013 dollars. Inflating for two years to 2015 results in an approximate charge of \$118 per visit. This contrasts with the charge per visit of \$117 proposed by the Applicant for a two hour visit.

In terms of cost per visit, the same Report 3 from the Joint Annual Report Summary provides cost per visit for skilled care. Forty agencies reported this information which is presented in the following table:

<i>Agency Name</i>	<i>2013 Cost Per Skilled Visit</i>
Clinch River Home Health (Anderson)	\$212
Blount Memorial Hospital Home Health Services (Blount)	\$125
Family Home Care, Cleveland (Bradley)	\$61
Home Health Care of East Tennessee, Inc. (Bradley)	\$153
Sunbelt Homecare (Campbell)	\$83
Amedisys Home Health Care (Carter)	\$39
Amedisys Home Health of Tennessee (Claiborne)	\$40
SunCrest Home Health (Claiborne)	\$121
Smoky Mountain Home Health and Hospice, Inc. (Cocke)	\$226
Quality Home Health (Fentress)	\$115
Advanced Home Care, Inc. (Greene)	\$133
Laughlin Home Health Agency (Greene)	\$197
Procare Home Health Services (Greene)	\$87
Amedisys Home Health Care (Hamblen)	\$45
Premier Support Services (Hamblen)	\$74
Univ of TN Medical Center Home Health Services (Hamblen)	\$100
Hancock County Home Health Agency (Hancock)	\$85
Hometown Home Health Care (Hawkins)	\$125
Johnson County Home Health (Johnson)	\$145
Amedisys Home Health Care (Knox)	\$45
Camellia Home Health of East Tennessee, Inc. (Knox)	\$154
CareAll Home Care Services (Knox)	\$66
Covenant Homecare (Knox)	\$126
Gentiva Health Services (Knox)	\$107
Girling Health Care, Inc. (Knox)	\$116
NHC Homecare (Knox)	\$126
Tennova Home Health (Knox)	\$177
University of TN Medical Center Home Health Services (Knox)	\$89
Woods Home Health (McMinn)	\$97
NHC Homecare (McMinn)	\$134
Intrepid USA Healthcare Services (Monroe)	\$156
Sweetwater Hospital Home Health (Monroe)	\$161
Deaconess Homecare (Scott)	\$160
Advanced Home Care, Inc. (Sullivan)	\$125
Gentiva Health Services (Sullivan)	\$101
Unicoi County Home Health (Unicoi)	\$140
Amedisys Home Health (Washington)	\$47
Medical Center Homecare Services (Washington)	\$145
Medical Center Homecare, Kingsport (Washington)	\$145
NHC Homecare (Washington)	\$120

Source: Report 3 from the 2013 Joint Annual Report Summary.

The above averages \$118 per visit in 2013 dollars. This contrasts with the cost per visit of \$140 proposed by the Applicant which is higher due to the long length of the specialty visits, i.e. 5 to 6 hours. The Applicant's average skilled nursing cost per patient in year one dollars is \$1,033. This is computed based on taking projected data chart total costs and dividing by the number of patients in each year.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED

- c. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c)**

(4) Applications for Change of Site. When considering a certificate of need application which is limited to a request for a change of site for a proposed new health care institution, the Commission may consider, in addition to the foregoing factors, the following factors:

- (a) Need. The applicant should show the proposed new site will serve the health care needs in the area to be served at least as well as the original site. The applicant should show that there is some significant legal, financial, or practical need to change the proposed new site.**
- (b) Economic factors. The applicant should show that the proposed new site would be at least as economically beneficial to the population to be served as the original site.**
- (c) Contribution to the orderly development of health care facilities and/or services. The applicant should address any potential delays that would be caused by the proposed change of site, and show that any such delays are outweighed by the benefit that will be gained from the change of site by the population to be served.**

This CON application is for a limited service home health agency. Therefore this criterion does not apply.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**NEED**

2. ***Describe the relationship of this project to the applicant facility's long-range development plans, if any.***

The Applicant is a licensed pharmacy serving East Tennessee. This project relates to its current and future operations in that it will enable more rapid hospital discharge and infusion therapy admission for patients who are otherwise ready to go home from the hospital except for availability of skilled infusion nursing services. The limited service home health license will enable Coram to more effectively and expeditiously meet the needs of its infusion therapy patients. On a long term basis, it will enable Coram to better contribute to the adequate and cost effective delivery of healthcare services in East Tennessee.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**NEED**

3. *Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).*

This CON application seeks approval to provide limited home health services (infusion nursing and related skilled services) from its Knoxville Branch and in the following 32 East Tennessee counties:

Anderson	Grainger	Loudon	Roane
Blount	Greene	McMinn	Scott
Bradley	Hamblen	Meigs	Sevier
Campbell	Hancock	Monroe	Sullivan
Carter	Hawkins	Moore	Unicoi
Claiborne	Jefferson	Morgan	Union
Cocke	Johnson	Pickett	Van Buren
Fentress	Knox	Polk	Washington

The geographic area represented by these counties spans from the Tennessee-North Carolina state line on the east, Tennessee-Virginia state line on the northeast, Tennessee-Georgia state line on the southeast, Tennessee-Kentucky state line to the north and the communities of Jamestown, Wartburg, Kingston, Decatur and Cleveland along the west of this defined service area. In addition to serving Tennessee residents, this Coram branch also minimally serves residents of the neighboring states of Virginia and North Carolina.

A map depicting these counties relative to the State of Tennessee is included in Attachment, Section B, Project Description, Item V.

Determination of the service area was completed based on a detailed assessment of Coram's Knoxville Branch Patient Records to identify the county of residence of most of its patients. The limited number of Knoxville Branch's patients who did not live in this service area resided out of state or with a few in the western or middle portions of the state. These in state residents who received initial services from the Knoxville Branch were rapidly transferred to Coram's branches in Memphis and Nashville and not served ongoing. This residency assessment was coupled with the location of the Branch's referral sources and its community liaison staff, all of which are dispersed throughout the defined 32 county service area.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED

4. A. Describe the demographics of the population to be served by this proposal.

The defined service area for Coram's proposed limited service home health agency is 32 counties consolidated throughout East Tennessee. This service area definition was derived from an analysis of the patients currently being served by Coram's Knoxville Branch and the geographic designation from which it currently receives its Tennessee patient referrals for infusion therapy products. Patients who are referred from local hospitals to Coram's Knoxville Branch who live outside these 32 counties will be referred to Coram's other branches (Memphis and Nashville) in the state for services.

In the following table is the current (2013) population as estimated by the Tennessee Office of the Governor, forecasted four years from current to 2018.

Service Area County	Population		Percent Change 2013-2018
	2013	2018	
Anderson	76,182	77,851	2.2%
Blount	126,809	135,171	6.6%
Bradley	102,235	107,481	5.1%
Campbell	41,163	42,566	3.4%
Carter	57,228	57,680	0.8%
Claiborne	32,457	33,280	2.5%
Cocke	36,330	38,615	6.3%
Fentress	18,290	18,987	3.8%
Grainger	22,994	23,675	3.0%
Greene	69,888	71,594	2.4%
Hamblen	63,763	65,570	2.8%
Hancock	6,652	6,640	-0.2%
Hawkins	57,273	58,164	1.6%
Jefferson	53,006	56,872	7.3%
Johnson	18,126	18,127	0.0%
Knox	448,093	475,569	6.1%
Loudon	50,356	53,192	5.6%
McMinn	53,004	54,203	2.3%
Meigs	12,064	12,643	4.8%
Monroe	45,664	48,088	5.3%
Moore	6,369	6,401	0.5%
Morgan	21,826	22,004	0.8%
Pickett	5,045	4,943	-2.0%
Polk	16,654	16,588	-0.4%
Roane	53,918	54,457	1.0%
Scott	21,986	21,969	-0.1%
Sevier	93,637	100,362	7.2%
Sullivan	158,451	161,136	1.7%
Unicoi	18,334	18,511	1.0%
Union	19,231	19,605	1.9%
Van Buren	5,456	5,474	0.3%
Washington	128,537	138,370	7.6%

Service Area County	Population		Percent Change 2013-2018
	2013	2018	
Total	1,941,021	2,025,788	4.4%

Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics, 2013 Revision.

The defined service area currently has 1.941 million persons which are estimated to increase by 4.4 percent to 2.03 million within the next five years. This is similar to the 4.7 percent expected statewide. With respect to the under 65 and older population, the primary patient focus of this CON application, the 32-county service area is increasing slightly less than the State, as reflected in the table below:

<i>Demographic Data</i>	<i>32 County Service Area</i>	<i>State of TN</i>
Total 2013 Population	1,941,021	6,528,014
Total Population, 2018	2,025,788	6,833,509
Total 2018 Population Change (5 Year)	84,767	305,495
Under 65 Population, 2013	1,603,697	5,577,837
Under 65 Population, 2018	1,634,080	5,731,096
Under 65 Population Change (5 Year)	30,383	153,259
Under 65 Population % of Total Population, 2013	82.6%	85.4%
Under 65 Population % of Total Population, 2018	80.7%	83.9%
Median Household Income, 2014	\$40,452	\$43,390
TennCare Enrollees, 2014	338,584	1,190,766
TennCare Enrollees as a % of Total Population, 2014	17.4%	18.2%
Persons Below Poverty Level, 2013 estimate	346,229	1,135,205
% of Total Population Below Poverty Level	17.8%	17.4%

Sources: Population from Tennessee Department of Health, Tennessee Counties and the State; TennCare Enrollees from TennCare latest published data (January 2014); Median Household Income from Claritas, Inc.; and, Percent Poverty Level from U.S. Government as of December 2013 and applied to Tennessee projections of population.

Also presented in the above table is economic information of the service area contrasted with the State. Within the service area, median household income is less than the statewide equivalent, the portion of population below the poverty level is slightly greater than the State and the portion of TennCare enrollees is slightly less than the State. This indicates a similar or slightly worse economic environment in East Tennessee than the State overall.

Overall, these demographic and economic factors demonstrate a need for affordable healthcare and demand a decrease in costs in healthcare delivery. This application is responsive in that it is based on the demonstrated needs of the existing population for whom Coram has identified a gap in service and an access problem related to infusion nursing visits in the home. Coram's patients are quantified within the existing population (demographic and economic factors) of the counties identified above; the identified problem will only be exacerbated without the approval of this CON application.

While traditional Medicare certified home health agencies primarily service the elderly, this will not be the case with Coram's services as proposed via this CON application. In fact, analysis of the Coram Knoxville Branch infusion patients, who will become its skilled nursing patients, for the past three years indicate the following age dispersion:

Age Group	Q1-2013	Q2-2013	Q3-2013	Q4-2013	CY 2013
<1 Yr	0	0	0	0	0
1 to 16	29	29	22	22	102
17 to 29	15	16	16	19	66
30 to 49	34	34	34	35	137
50 to 64	59	50	53	57	219
65 to 74	39	36	36	43	154
75 and Older	30	30	39	23	122
Total	206	195	200	199	800
Percent Under Age 65	66.5%	66.2%	62.5%	66.8%	65.5%
Percent 65 and Older	33.5%	33.8%	37.5%	33.2%	34.5%

Source: Corameters Management Report, Knoxville Branch, 2/19/2014

In contrast with the average Medicare certified home health agency, actual age dispersion of patients in East Tennessee obtained from the 2013 Joint Annual Report Summary indicates statewide that 73 percent of patients are older than age 65 (versus 35 percent above). More dramatic is the age distribution of the elderly. Statewide, the 75 and older home health services population accounts for 50 percent of all patients; the same statistic is representative of the agencies reporting from the 32 county Coram defined service area. In contrast, only about 15 percent of Coram's patients in its Knoxville Branch are 75 years of age or older. In essence, just one in seven Coram patients is 75+ versus one in two at a typical home health agency.

The patient to be served by Coram's home health infusion nursing service will be primarily under the age of 65. Furthermore, these patients will be either privately insured, self pay or uncompensated. In fact, it is not Coram's intent to obtain Medicare certification for its home health services. Rather it will rely on the available Medicare home health agencies in East Tennessee to meet that client's needs, unless otherwise requested. To demonstrate the difference in patient population, actual visits by payor was obtained from the 2013 Joint Annual Report Summary. This indicates that within the East Tennessee service area 78 percent of the home health agency visits were for Medicare and Medicare HMO clients. And Medicare combined with TennCare totals approximately 81 percent of visits. This will contrast with the service proposed via this CON application which will provide no Medicare or TennCare home health visits.

The service proposed to be provided by Coram is strictly limited to skilled nursing visits and specifically infusion related. Again, in analyzing the existing licensed home health agencies in East Tennessee, 54 percent of those agencies' visits were not skilled nursing visits; just 46 percent were skilled nursing visits. Breakdown by type of skilled visits is not available. However, based on the Applicant's identification of difficulty accessing home infusion nursing support, it is likely that infusion nursing only comprises

a very very small portion of the 46 percent skilled visits. In contrast to available home health agencies, Coram will be different. It will be 100 percent skilled and of the skilled it will be 100 percent infusion nursing and related services.

As demonstrated above, the age profile, payor profile and needs of the Coram infusion nursing patient will differ dramatically from the patient served by the existing home health agencies within the 32 county service area and Statewide.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED

- B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.***

The population to be served by Coram via this CON application is unique in contrast to other home health agencies. The patient profile is derived from Coram's existing patient profile as those are the persons who will receive infusion nursing services in the home. As noted previously, Coram estimates approximately 19 percent of its ongoing census will have a need for infusion nursing services provided by Coram. These patients are specialized with special needs. They include patients with compromised immune system or auto immune disorders, transplant patients, congestive heart failure patients, patients who cannot consume nutrition or food via regular intake, hemophiliacs or patients with other blood clotting disorders, patients with progressive emphysema, among others.

The specialized needs of these patients can be met via Coram's provision of infusion therapy products in the home, supported by Coram's proposed infusion nursing services which will include patient/family education for self administration. Benefits of home infusion depending on the patient include, but are not limited to, the following:

- Earlier hospital discharge, or hospital avoidance
- Positive outcomes
- Multiple drug therapies managed by experience clinicians in the home
- First dosing protocols in the home
- PICC line and IV access management
- Trended lab results
- Therapeutic drug monitoring and pharmacokinetic drug dosing
- Education materials which include pictures and written step by step instructions
- Personalized training by nurse clinicians
- Nursing visits to reassess techniques and reinforcement training as needed
- 24-hour access to Coram clinicians
- Patient service representative to act as the patient's liaison

Relative to the patient profile, Coram expects that five percent of its patients will be medically indigent with Coram providing the nursing service free of charge (charity care), other persons will not be able to afford their treatment but not considered charity care and the balance covered by either self pay or third party payor. The majority of the patients will be under the age of 65, many of whom are still working and therefore can not afford to not receive in home services and self administration education.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED

5. *Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.*

Coram Alternate Site Services, Inc. proposes to become a restricted license home health service, and under this license only provide infusion nursing and related services in the patient home. This is unique in contrast with the Medicare certified home health agencies available in East Tennessee. Uniqueness is attributable to the following factors: (1) restricted license to only provide infusion nursing and related services; (2) not Medicare or Medicaid certified; (3) patients primarily under the age of 65; (4) patient may not be home bound but the service is more appropriate in the home (due to cost, compromised immune system, accessibility, education/training, etc.); (5) without availability of Coram's services, many patients remain in the hospital unnecessarily; (6) Coram's certified nurse infusion professionals; (7) Coram's education and training of Medicare certified agencies to assume the patient population when appropriate; (8) Coram's first dose policy/protocol; among others.

While this proposal is unique and therefore not directly competitive with existing licensed home agencies in the Service Area, in accordance with information requested in this question, the following table provides the names and utilization (visits) for home health agencies listed in the Joint Annual Report Summary as being existent in one of the 32 counties defined as the Coram Alternate Site Services Service Area:

<i>Licensed Agency</i>	<i>County</i>	2011	2012	2013	<i># of Svc Area Counties</i>
Clinch River Home Health	Anderson	473	468	461	7
Professional Case Mgmt of Tennessee	Anderson	127	178	164	11
Blount Memorial Hospital Home Health	Blount	1,357	1,308	1,224	5
Family Home Care – Cleveland	Bradley	668	1,015	769	5
Home Health Care of East Tennessee, Inc	Bradley	2,380	2,448	1,546	8
Sunbelt Homecare	Campbell	285	260	261	7
Amedysis Home Health Care	Carter	1,241	1,147	1,162	4
Amedysis Home Health of Tennessee	Claiborne	1,730	2,074	1,830	5
SunCrest Home Health (Claiborne)	Claiborne	436	581	852	11
Cumberland River Homecare	Clay	14	10	10	2
Smoky Mountain Home Health & Hospice	Cocke	1,622	1,535	1,295	11
Gentiva Health Services (Med Home Care)	Coffee	30	21	23	1
Suncrest Home Health (Doctors in 2010)	Coffee	16	24	14	2
Angel Private Duty and Home Health	Davidson	0	0	1	1
Elk Valley Health Services Inc	Davidson	89	86	94	24
Home Care Solutions, Inc (LHC)	Davidson	221	362	463	13

<i>Licensed Agency</i>	<i>County</i>	2011	2012	2013	<i># of Svc Area Counties</i>
Quality Home Health	Fentress	2,924	2,633	2,308	9
Quality Private Duty Care	Fentress	275	466	593	6
Amedisys Home Care	Franklin	10	15	10	1
Caresouth HHA Holdings of Winchester	Franklin	15	33	223	6
Advanced Home Care	Greene	385	525	762	4
Laughlin Home Health Agency	Greene	553	547	655	5
Procure Home Health Services	Greene	418	384	433	6
Amedisys Home Care	Hamblen	3,613	3,676	3,896	10
Premier Support Services, Inc	Hamblen	972	900	1,170	16
Univ of TN Medical Center Home Health	Hamblen	986	1,244	1,327	10
Alere Women's and Children's Health LLC	Hamilton	8	25	18	4
Amedisys Home Health	Hamilton	1,775	1,727	1,131	8
Continucare Healthservices, Inc I	Hamilton	146	148	132	3
Continucare Healthservices, Inc II	Hamilton	1	2	0	0
Gentiva Health Services	Hamilton	37	38	11	2
Guardian Home Care, LLC	Hamilton	855	749	573	5
Home Care of Chattanooga	Hamilton	2	0	0	0
Home Care Solutions	Hamilton	75	49	38	3
Life Care At Home Of Tennessee	Hamilton	318	506	433	4
Maxim Healthcare Services	Hamilton	15	30	14	3
Memorial Hospital Home Health	Hamilton	271	271	189	4
NHC Homecare	Hamilton	5	6	13	1
Hancock County Home Health Agency	Hancock	297	323	463	4
Hometown Home Health Care	Hawkins	173	0	89	3
Johnson County Home Health	Johnson	403	396	446	3
Amedisys Home Health Care	Knox	5,267	5,420	5,354	11
Camellia Home Health of East TN (Priority)	Knox	1,434	1,490	1,630	20
CareAll Home Care Services	Knox	257	278	510	6
Covenant Homecare	Knox	3,838	3,945	3,950	16
East TN Childrens Hosp Home Health Care	Knox	671	559	586	16
Gentiva Health Services	Knox	898	870	779	12
Girling Health Care Services of Knoxville	Knox	0	24	31	1
Girling Health Care, Inc	Knox	1,093	1,020	1,436	17
Maxim Healthcare Services	Knox	159	139	159	17
NHC Homecare	Knox	575	608	613	11
Tennova Home Health (St Marys/Mercy)	Knox	3,586	3,146	3,063	14
The Home Option by Harden Health Care	Knox			233	9
Univ of TN Medical Center Home Health	Knox	2,530	3,264	3,235	13
Deaconess Homecare	Lincoln	14	0	23	1
Lincoln Medical Home Health & Hospice	Lincoln	0	18	1	1
NHC Homecare	Maury	0	0	6	1
Home Care Solutions	McMinn	297	349	7	1
NHC Homecare	McMinn	217	173	218	6
Woods Home Care	McMinn	0	0	283	4
Intrepid USA Healthcare Services	Monroe	237	273	357	7
Sweetwater Hospital Home Health	Monroe	462	569	613	5
Amedisys	Overton	438	316	419	4
Highland Rim Home Health Agency	Putnam	2	0	0	0
Intrepid USA Healthcare Services	Putnam	7	21	18	2
NHC Homecare	Rutherford	55	69	52	4
Deaconess Home care	Scott	406	352	394	4
Functional Independence Home Care	Seibby	3	0	0	0
Advanced Home Care	Sullivan	2,825	2,576	2,245	8
Gentiva Health Services	Sullivan	1,286	979	936	7

<i>Licensed Agency</i>	<i>County</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i># of Svc Area Counties</i>
Unicoi County Home Health	Unicoi	246	209	206	1
Careall Home Care Services	Warren	17	9	26	1
Friendship Home Health, Inc.	Warren	42	59	77	1
Intrepid USA Healthcare Services	Warren	12	5	21	2
Amedisys Home Health	Washington	2,496	2,384	1,821	6
Medical Center Homecare Services	Washington	2,801	3,118	3,503	5
Medical Center Homecare, Kingsport	Washington	1,126	1,628	1,960	7
NHC Homecare	Washington	241	264	259	6
American National Home Health	Wilson	0	29	0	0
Careall	Wilson	30	0	0	0
Professional Home Health Care	Out of State	11	9	13	2
Total		58,800	60,382	59,850	---

Source: Joint Annual Report of Home Health Agencies, Attachment C, pages 6 through 10. Patients Serviced for the Service Area Counties per the Joint Annual Report Summary as reported in Report #6. The Number of Service Area Counties represent those counties within the Coram East Tennessee Service Area in which each home health agency had patients during 2013.

As noted, while these agencies are listed, their patients are 81 percent Medicare/Medicare HMO/TennCare, which Coram will not serve. They are 54 percent non-skilled or therapy visits, which Coram will not serve. They are 46 percent skilled visits of which only a small fraction if any at all are infusion type patients. Furthermore, as the Service Area Study indicates, area home health agencies do not generally provide first dose therapies, IVIG or Alpha1 therapies.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

NEED

6. ***Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.***

Following is the most recent three year infusion therapy product activity for the Applicant's Knoxville Branch licensed pharmacy:

<i>Factor</i>	<i>CY 2011</i>	<i>CY 2012</i>	<i>CY 2013</i>
Infusion Therapy Patients	845	755	792
Infusion Therapy Patient Months	1,579	1,409	1,480

The above patients represent the number of patients who received infusion products from Coram's Knoxville Branch (licensed pharmacy) during the past three calendar years. The average length of stay (therapy product duration) of the infusion patients is approximately two months.

In the following table is the two forecasted years for the infusion product patients following completion of the project, which will be two years beginning January 2015. The infusion nursing patients to be treated by the home health agency upon licensure are a subset of the infusion therapy patients budgeted for the next two years in this table. The forecasted skilled nursing patients and visits and the supporting methodology follow the table.

<i>Factor</i>	<i>Before Project</i>	<i>After Project Completion</i>	
	<i>2013</i>	<i>Year One</i>	<i>Year Two</i>
Infusion Therapy Patients	792	865	952
Infusion Therapy Patient Months	1,480	1,613	1,774

To estimate the number of infusion nursing patients and their related skilled visits for the forecast period, the Applicant considered the types of infusion therapy products which comprise the patient therapies for which it has physician orders, the average monthly census by type of infusion and the hardship the Applicant has encountered in various situations throughout East Tennessee in obtaining qualified infusion nursing services from other third parties. This affected the analysis because Coram is not intending on competing with existing available services but rather responding to a community need based on the gap in service which equates to a lack of availability or accessibility of infusion nursing services.

As noted previously, there are primary differences between two types of Coram patients. One is the more typical infusion therapy patient receiving antibiotics, TPN, pain

management, cardiac and the like; the other is the specialty patient receiving immunoglobulin or alpha 1 therapies. The former therapies comprise 73 percent of Coram's services; the specialty patients comprise 27 percent of the therapies provided. In terms of estimated requirement for infusion nursing services, it is estimated that 100 percent of the specialty patients will require the service. The reason for such high utilization is these patient infusions last up to 6 hours per treatment and/or are not homebound. As such, the more traditional home health agency providing intermittent services is not generally staffed for nor compensated for under Medicare guidelines such long nursing visits.

Ongoing, Coram has significant challenges to find nursing services for these patients resulting in these patients remaining in the hospital for an unnecessary prolonged period, having the patient travel to his/her physician office for Coram to meet the patient in that setting or having the patient travel to another licensed location – all creating hardship on the patient and family.

For the balance of Coram's therapy patients, it is estimated that just 5 percent of those patients will require infusion nursing provided by Coram's home health agency. Similarly, this patient estimate is based on the Applicant's assessment of its patient case load and the challenges it regularly faces in admitting a patient to the pharmacy service that can not obtain at home support to initiate the infusion therapy. Depending on the therapy, each patient will receive between two and four visits per month.

Extrapolating the above utilization assumptions and applying them to the estimated monthly census of infusion therapy patients result in a computed approximate 22 percent of Coram's pharmacy patients requiring skilled nursing services be provided by Coram. In the following table are the total number of home health patients and visits for each of the first two forecast years:

<i>Factor</i>	<i>Year One</i>	<i>Year Two</i>
Number of Home Health Patients	162	178
Aralast Alpha-Proteinase Inhibitor	100	110
Immunoglobulin IV	233	257
Immunoglobulin Subcutaneous	172	189
Zemaira Alpha Proteinase Inhibitor	114	126
Other Specialty	117	127
Subtotal	736	809
All Other (TPN, Antibiotics, Etc)	458	503
Total Annual Skilled Nursing Visits	1,194	1,313

As noted in the above table, the forecasted patients in years one and two are 162 and 178, respectively. Visits total 1,194 in year one and 1,313 in year two. This results in an average of seven visits per patient. This is yet another differentiating factor between the Medicare certified home health agency and the Coram proposed restricted service agency.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

ECONOMIC FEASIBILITY

1. Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.

- ***All projects should have a project cost of at least \$3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)***
- ***The cost of any lease (building, land, and/or equipment) should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater. Note: This applies to all equipment leases including by procedure or "per click" arrangements. The methodology used to determine the total lease cost for a "per click" arrangement must include, at a minimum, the projected procedures, the "per click" rate and the term of the lease.***
- ***The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.***
- ***For projects that include new construction, modification, and/or renovation; documentation must be provided from a contractor and/or architect that support the estimated construction costs.***

The Project Cost Chart is provided on the following page. Assumptions supporting each of the line items immediately follow the chart.

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PROJECT COST CHART

A Construction and equipment acquired by purchase:

1 Architectural and Engineering Fees	\$0
2 Legal, Administrative (Excluding CON Fee), Consultants Fee	\$88,000
3 Acquisition of Site	\$0
4 Preparation of Site	\$0
5 Construction Costs	\$0
6 Contingency Fund	\$0
7 Fixed Equipment (not in Construction Contract)	\$0
8 Moveable Equipment (List all equipment over \$50,000)	\$0
9 Other (Specify)	\$0

B Construction and equipment acquisition by donation or lease

1 Facility (inclusive of land and building)	\$0
2 Building Only	\$0
3 Land Only	\$0
4 Equipment (Specify)	\$0
5 Other (Specify) Prorated Allocation of Five Year Lease	\$4,200

C Financing Costs and Fees

1 Interim Financing	\$0
2 Underwriting Costs	\$0
3 Reserve of One Year's Debt Service	\$0
4 Other (Specify)	\$0

D Estimated Project Cost (A+B+C)

\$92,200

E CON Filing Fee

\$3,000

F Total Estimated Project Cost (D+E)

TOTAL \$95,200

Project Cost Chart, Underlying Assumptions

The underlying assumptions for the Project Cost Chart on the preceding pages are summarized in the following paragraphs.

- Line A 1, Architectural and Engineering Fees: Not applicable as there is no design and construction involved in this project.
- Line A 2, Legal, Administrative, Consultants Fee: These costs represent legal, administrative and consulting associated with preparing and filing the CON application including a contingency for such costs and the home health license application fee of \$1,080. There are no pre-opening costs as the existing operations have the infrastructure necessary to add the limited home health services without the additional of any support personnel or additional physical space.
- Line A 3, Acquisition of Site: Not applicable as the service will be incorporated into the leased space at 10932 Murdock Drive, Suite 101A, Knoxville, TN 37932.
- Line A 4, Preparation of Site: Not applicable as there is no design and construction involved in this project.
- Line A 5, Construction Costs: , Not applicable as there is no design and construction involved in this project.
- Line A 6, Contingency: Not applicable as there is no design and construction involved in this project.
- Line A 7, Fixed Equipment: Not applicable as there is no design and construction involved in this project.
- Line A 8, Moveable Equipment: Not applicable as there is no addition of infrastructure to house the nurses and the infusion equipment is already owned by Coram and housed at its offices.
- Line A 9, Other: Not Applicable.
- Line B 1 through 5: Line 5 includes a prorated allocation of the home health's percent of the overall leased space, based on a five year agreement.
- Line C 1 through 4: This is not applicable as the costs of implementing the program are being funded from cash reserves.
- Line D: This is the subtotal of A, B and C above.
- Line E: This is the applicable CON application fee payable to the State of Tennessee.
- Line F: This is total project costs.

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SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY****2. Identify the funding sources for this project.**

Please check the applicable item(s) below and briefly summarize how the project will be financed. (Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)

- ☐ A. Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- ☐ B. Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- ☐ C. General obligation bonds--Copy of resolution from issuing authority or minutes from the appropriate meeting.
- ☐ D. Grants--Notification of intent form for grant application or notice of grant award; or
- ☒ E. Cash Reserves--Appropriate documentation from Chief Financial Officer.
- ☐ F. Other—Identify and document funding from all other sources.

The project proposed by the Applicant will be funded from cash reserves. As demonstrated in the Historical Data Chart, the Applicant generates more than sufficient Net Operating Income to fund the minimal costs associated with establishing the limited service home health agency. Additionally, Michael E. Dell, Senior Vice President, General Counsel and Secretary, for the Applicant's ultimate parent has provided a letter indicating the project will be funded from cash reserves. This is provided in Attachment, Section C, Economic Feasibility, Item 2. Included within Attachment, Section A, Item 4.2 is the Applicant's ultimate parent's audited financial statements which clearly demonstrate adequate funding available for the project as proposed.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

- 3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.***

The project costs for the proposed limited service home health agency are restricted to Line A 2, legal, administrative and consulting fees and Line E, the CON application fee. The infrastructure of the licensed pharmacy is in the process of relocating to 10932 Murdock Drive, Suite 101A, Knoxville; this space will also house the home health agency. There is no construction, renovation, expansion or additional resources required to add this service as the space is fully functioning and has the management and support personnel to assume responsibility for the home health agency services.

Administrative, legal and consulting fees are based on costs incurred to prepare the CON application, anticipated costs to be incurred up through the HSDA hearing on this matter and the home health licensing fee, along with some contingency. The CON application fee is based on the minimum filing fee established by the HSDA of \$3,000. Combined, total project costs are \$98,000.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

4. ***Complete Historical and Projected Data Charts on the following two pages – Do not modify the Charts provided or submit Chart substitutions! Historical Data Chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the Proposal Only (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).***

The Historical Data Chart for the Existing Operation of Coram Alternate Site Services, Inc. is included on the following page. The three most recent years of operation are calendar years 2011, 2012 and 2013. This chart presents the existing utilization and financial information for the licensed pharmacy operation discussed herein as the Knoxville Branch.

The Historical Data Chart is for the pre-existing infusion pharmacy business only. All pharmacy revenues are booked at the contractual rates with the third party payers, rather than at an arbitrary list price with a contractual adjustment to the amount to contract. Accordingly, there are no contractual allowances shown in the Historical Data Chart for the existing infusion pharmacy business, nor in any future budgets for the existing infusion pharmacy business. As shown on the Historical Data Chart, the Knoxville Branch generates positive net income sufficient to support the implementation of the home health service proposed via this CON application.

Following the Historical Data Chart is the Projected Data Chart. This chart provides the utilization and financial information for the first two years of operation of the home health agency service. As instructed, the Projected Data Chart included herein on page 79 presents only the proposed new service – the limited service home health agency. Immediately following the Projected Data Chart is a list of the assumptions supporting the projection.

The Projected Data Chart on page 79 of the application ONLY considers the projected infusion therapy home health agency volume. The gross charges are listed at an average of \$160 per visit based on mix of short and long duration visits; average reimbursement is expected to be \$142. Accordingly the \$18 differential in this calculation is reflected as a contractual allowance from third party payers, charity care and bad debt. This is for those payers other than Medicare or TennCare since the Applicant will not be participating or making claims to either of those payors for infusion home health services.

We also note that within Attachment, Section C, Economic Feasibility, Item 4 of this CON application, the Applicant included Projected Data Charts for the infusion pharmacy by itself and Projected Data Charts that consolidate the projections for the infusion pharmacy business line together with the projections for the infusion home health services line which shows contractual allowances for home health services but none for pharmaceutical, which, as noted above, is consistent with the Applicant's historical experience.

HISTORICAL DATA CHART - EXISTING KNOXVILLE OPERATIONS

Give information for the last three (3) years for which complete data are available for the facility or agency.
The fiscal year begins in: January (month)

Year	2011	2012	2013
A Utilization Data			
Patients	845	755	792
Patient Months	1,579	1,409	1,480
Nursing Visits	0	0	0
Infusion Patients			
Infusion Pt Months			
Home Health RN Visits			
B Revenue from Services to Patients			
1 Inpatient Services			
2 Outpatient Services	\$47,027,924	\$36,027,897	\$40,883,362
3 Emergency Services			
4 Other Operating Revenue			
Gross Operating Revenue	\$47,027,924	\$36,027,897	\$40,883,362
C Deductions from Gross Operating Revenue			
1 Contractual Adjustments			
2 Provision for Charity Care	\$1,566,664	\$1,586,472	\$1,010,216
3 Provisions for Bad Debt	\$2,105,763	\$1,976,277	\$1,525,771
Total Deductions	\$3,672,427	\$3,562,749	\$2,535,987
NET OPERATING REVENUE	\$4,445,787	\$3,190,951	\$4,205,454
D Operating Expenses			
1 Salaries and Wages	\$781,305	\$1,009,539	\$880,308
Benefits	\$126,483	\$125,990	\$98,119
2 Physician Salaries and Wages	\$0	\$0	\$0
3 Supplies	\$1,859	\$11,859	\$1,859
4 Taxes	\$12,787		\$12,787
5 Depreciation	\$17,356	\$17,356	\$17,356
6 Rent	\$20,057	\$20,057	\$20,057
7 Interest, Other than Capital	\$0	\$0	\$0
8 Management Fees:			
a. Fees to Affiliates	\$0	\$0	\$0
b. Fees to Non-Affiliates	\$0	\$0	\$0
9 Other Expenses - Specify on Separate Page	\$2,157,877	\$2,054,861	\$2,631,471
Total Operating Expenses	\$3,224,091	\$3,340,410	\$3,745,052
E Other Revenue (Expenses - Net (Specify))			
NET OPERATING INCOME (LOSS)	\$1,224,696	\$158,459	\$460,402
F Capital Expenditures			
1 Retirement of Principal			
2 Interest			
Total Capital Expenditures	\$0	\$0	\$0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$1,224,696	\$158,459	\$460,402

HISTORICAL DATA CHART - OTHER EXPENSES

OTHER EXPENSE CATEGORIES

1	Drugs/Materials	\$1,940,343	\$1,833,864	\$2,330,149
2	Shipping/Delivery	\$105,766	\$91,337	\$120,037
3	Travel/Lodging	\$27,836	\$33,291	\$25,161
4	Operational Costs: Utilities, Telephone, Professional Fees, and Other Administrative Costs	\$83,932	\$96,369	\$136,124
5				
6				
7	Total Other Expenses	\$2,157,877	\$2,054,861	\$2,611,471

PROJECTED DATA CHART -- NEW BUSINESS LINE - HOME HEALTH/NURSING VISITS
EAST TENNESSEE (KNOXVILLE BRANCH)

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in: January (month)

Year		Year One	Year Two
A Utilization Data			
	Patients	Home Health Patients	
	Nursing Visits	Home Health RN Visits	
		162	178
		1,194	1,313
B Revenue from Services to Patients			
1 Inpatient Services		\$0	\$0
2 Outpatient Services		\$190,431	\$219,947
3 Emergency Services		\$0	\$0
4 Other Operating Revenue		\$0	\$0
Gross Operating Revenue		\$190,431	\$219,947
C Deductions from Gross Operating Revenue			
1 Contractual Adjustments		\$7,617	\$8,798
2 Provision for Charity Care		\$9,522	\$10,997
3 Provisions for Bad Debt		\$3,809	\$4,399
Total Deductions		\$20,947	\$24,194
NET OPERATING REVENUE		\$169,483	\$195,753
D Operating Expenses			
1 Salaries and Wages		\$109,822	\$124,026
Benefits		\$21,964	\$24,805
2 Physician Salaries and Wages		\$0	\$0
3 Supplies		\$4,774	\$5,251
4 Taxes		\$0	\$0
5 Depreciation		\$0	\$0
6 Rent		\$0	\$0
7 Interest, Other than Capital		\$0	\$0
8 Management Fees:			
a. Fees to Affiliates		\$0	\$0
b. Fees to Non-Affiliates		\$0	\$0
P Other Expenses Specify in chart		\$30,458	\$33,504
Total Operating Expenses		\$167,019	\$187,586
E Other Revenue (Expenses - Net (Specify)			
NET OPERATING INCOME (LOSS)		\$2,465	\$8,167
F Capital Expenditures			
1 Retirement of Principal			
2 Interest			
Total Capital Expenditures		\$0	\$0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES		\$2,465	\$8,167

PROJECTED DATA CHART - OTHER EXPENSES

OTHER EXPENSE CATEGORIES

1 Drugs/Materials
2 Shipping/Delivery
3 Travel/Lodging
4 Operational Costs: Utilities, Telephone, Professional Fees, and
5 Mileage
6
7
Total Other Expenses

\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0
\$30,458	\$33,504
\$30,458	\$33,504

Projected Data Chart, Underlying Assumptions

The underlying assumptions for the Projected Data Chart on the preceding page are summarized in the following paragraphs.

- Utilization: Line A is utilization information based on the analysis presented herein.
- Gross Revenues: Line B 2 is forecasted outpatient revenues as discussed in responses to the Economic Feasibility questions herein; these charges are based on Coram's self pay charge structure it has established nationally for home health skilled nursing visits and inflated by five percent to represent year two dollars.
- Contractual Adjustments: Line C 1 represents deductions from Gross Revenues based on the anticipated contractual rates for services with third party payors and private parties; because gross charges are established herein based on Coram's self pay charge structure inflated to year one, contractual adjustments reflect four percent of gross charges, not including charity care and bad debt.
- Provisions for Charity Care: Line C 2 represents anticipated charity care which equates to five percent of net patient revenues (Gross Revenues less Contractual Adjustments).
- Provisions for Bad Debt: Line C 3 represents anticipated bad debt which equates to three percent of net patient revenues (Gross Revenues less Contractual Adjustments).
- Operating Expense: Line D 1 represents salaries per the staffing schedule provided in response to Section C, Orderly Development of Health Care, Question 3. This is strictly registered nurse personnel for the new program as incremental staff. It is expected that there will be one full time employee and the balance of the nurse requirements will be provided by Coram's pool nurses on an hourly basis. Line D 2 represents the estimated benefits for the full time registered nurse at 20 percent of the respective salary. While the pool/per diem nurses do not receive benefits, the 20 percent factor is included in the salary line item to accommodate any potential increase for hourly services. Line D 3 is the supply line item, estimated at \$4 per visit. Line D 9 represents mileage reimbursement assuming an average mileage reimbursement of 58 miles per visit at 44 cents reimbursement per mile. Regarding taxes, the Applicant's financial performance is rolled up into the company financials. At the branch level, it pays no federal taxes or excise taxes at this time. Regarding franchise taxes, those are included for the branch overall in the existing business chart. As a result of operating the home health agency in the existing pharmacy, the Applicant does not anticipate any material taxes payable yet proportionately has added taxes consistent with what it currently pays for the existing operation.
- Net Operating Income: Both years reflect a positive net operating income which demonstrates this project is financially feasible.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

ECONOMIC FEASIBILITY

5. *Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.*

The following table provides the average gross charge derived from the Applicant's self pay charge structure it uses nationally for home health skilled nursing visits in 2013, inflated five percent to represent year one dollars, average deduction from third parties, charity deductions and bad debt deductions. The result is net revenue for each of the two forecasted years of operation. Also included is number of visits and resulting average net revenue per visit:

Projected Data Chart	Year One	Year Two
Gross Charges	\$190,431	\$219,947
Deductions	(\$7,617)	(\$8,798)
Charity	(\$9,522)	(\$10,997)
Bad Debt	(\$3,809)	(\$4,399)
Net Revenue	\$169,483	\$195,753
Patients	162	178
Visits	1,194	1,313
Average Gross Charge/Visit	\$160	\$168
Average Gross Charge/Patient	\$1,176	\$1,236
Deductions/Patient	\$129	\$136
Average Net Revenue / Patient	\$1,046	\$1,100
Average Net Revenue / Visit	\$142	\$149

These average net revenue amounts per visit represent a blend of the average type patient with up to two hours per visit and the specialty patients who have visits lasting up to six hours.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

6. A. *Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.*

Since this is a new service for the Applicant in East Tennessee and the defined service area, there are no existing or current charges for skilled nursing visits. The proposed charges for skilled nursing visits are based on Coram's experience in other jurisdictions in which it provides home health services, including Nashville, and in particular its self pay charge structure. The average charge per visit is \$160 in year one and \$168 in year two. Given the expected duration of the nursing visits by Coram, and three times the requirement for the specialty infusion type patients, this is reasonable. Accordingly, the average charge per visit for an antibiotic or TPN type patient is \$117; the average charge for the specialty IVIG and alpha 1 patient is \$290 to \$351 per visit

Net revenue (before charity care and bad debt) per visit for the typical antibiotic or TPN type patient is estimated to be \$104 per visit. The specialty type patient which requires three times the initiative is estimated at \$260 to \$312 per visit. These amounts are inflated between years one and two for inflationary purposes.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

ECONOMIC FEASIBILITY

- B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).***

The proposed average charge per home health visit based on the Applicant's self pay grid structure inflated to year one is \$117 for up to a two hour visit. For longer visits, there is a charge for each additional hour. This results in the typical infusion patient at \$117 per visit and two and one half to three times that amount, or \$290 to \$351, for the specialty infusion patient whose treatment lasts five to six hours.

To contrast these charges to home health agencies in the service area, it is more reasonable to contrast the typical rate, excluding the specialty rate based on the fact that Medicare certified home health agencies do not generally provide the specialty infusion nursing. Within the 2013 Joint Annual Report Summary is reported charge per visit by home health agencies by discipline. Of the 81 agencies reporting from within the defined service area for 2013, only 2 reported an average charge for a skilled nursing visit. These charges ranged between \$79 and \$217 per visit.

Following are the two agencies by name and charge per skilled visit as reported in their 2013 Joint Annual Report.

<i>Agency Name</i>	<i>2013 Charge Per Skilled Visit</i>
East Tennessee Children's Hospital Home Health Care (Knox)	\$217
Maxim Healthcare Services, Inc. (Knox)	\$58

Source: Report 3 from the 2013 Joint Annual Report Summary.

Adjusting the range from 2013 dollars to 2015 dollars would result in a 2015 dollar range of \$64 to \$239 charge per visit. Comparing this charge to the typical charge per visit identified above, the Applicant's charges are within the range of reasonableness.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

- 7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.***

Forecasted visits for years one and two for the Coram home health agency demonstrate that the proposed program is financial viable. Because the existing infrastructure of the pharmacy, its physical space, its management team and its support staff are all in place, the incremental costs associated with the home health agency directly relate to the nurse staff to provide the skilled visits with respect to their compensation and benefits and travel reimbursement.

All infusion products and necessary equipment are provided through the licensed pharmacy in conjunction with the prescribed infusion therapies.

Therefore, this proposed home health agency is very cost effective, with the nurse staff being added as volumes increase.

As is evidenced on the Projected Data Chart, the home health program demonstrates positive net operating income and therefore demonstrates its viability.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

- 8. *Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.***

Forecasted utilization in year one results in positive net operating income; forecasted utilization in year two results in greater positive net operating income. Given the fact that all of the incremental costs associated with the home health operation are variable relative to the number of skilled nursing visits, and the average cost per visit is less than the net revenue realized per visit, the Applicant can assure the financial viability of this proposal.

With respect to sufficient cash flow until financial viability is achieved, given the cost variability of this business, there will be sufficient cash flow to cover operating costs. Notwithstanding this fact, a letter from the Applicant's ultimate parent included in Attachment, Section C, Economic Feasibility, Item 2 indicates that the ultimate parent will not only fund the initial project costs, it will provide for any necessary working capital and operating deficits, if any, until financial viability is achieved.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

- 9. *Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.***

The Coram Knoxville Branch licensed pharmacy participates in both Medicare and TennCare and also serves medically indigent patients. The home health agency proposed by this CON application will not become Medicare/Medicaid certified. Because it is a limited service home health agency, and not providing the full range of home health services as prescribed by the Conditions of Participation, it is not eligible for certification.

Its patients will be private pay, covered by a third party provider and medically indigent. Per the Projected Data Chart, approximately five percent of the patients are expected to be charity care.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

- 10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.***

Coram Alternate Site Services, Inc. is a wholly owned indirect subsidiary of CVS Caremark Corporation. Currently Coram Alternate Site Services, Inc. is not separately audited as it operates as a division of its ultimate parent, CVS Caremark Corporation. The ultimate parent's annual report as filed with the Securities and Exchange Commission which includes audited financial statements for the company is provided as Attachment, Section A, Item 4.2. The local branch financial statements are provided as Attachment, Section A, Item 4.4.

The audited financial statements as presented in the CVS 10K indicates, the ultimate parent has in excess of \$4.0 billion in cash and cash equivalents, \$25 billion in current assets and just \$12.8 billion in long term debt. Its current ratio is 1.64 showing good financial strength. The local branch financial statements indicate positive earnings for each of the last three years.

With this project being a low cost project (\$98,000) and the net operating income provided by the Knoxville Branch's licensed pharmacy (without the project), the Applicant clearly has the financial capability to implement and operate the proposed home health agency. Additionally, the Applicant has provided a Funding Letter assuring this fact by Michael E. Dell, Senior Vice President, General Counsel and Secretary. This is included in Attachment, Section C, Economic Feasibility, Item 2.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

ECONOMIC FEASIBILITY

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

- a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.***

The benefits intended by this proposal are varied for the patient/family, the physician and hospital referral source and the home health industry.

Patients/families will have more timely discharges from the hospital and be able to receive first dose protocols, teaching/training in self administration and readily accessible infusion in their own home. There is no less costly or more effective alternative for the patient and family.

With respect to the hospital and physician referral sources, as documented in this CON application, if a hospital inpatient prescribed infusion therapy services is unable to obtain home health assistance upon hospital discharge that individual remains in the hospital until s/he receives the first infusion and training sufficient that s/he could be discharged home to self-infuse thereafter. Subsequently, the Applicant would send the compounded infusion product from the Knoxville pharmacy via secure medical courier. If the infusion therapy is inappropriate to administer in the home without nursing supervision, such as blood products or IVIG, the patient must travel to an outpatient clinic, such as an oncology clinic, physician practice, hospital or ambulatory infusion suite to obtain their medication. In addition, patients without nursing assistance who self-infuse in the home are ill equipped to handle even the most minor of complications, such as a blocked line, and must instead travel to the nearest hospital emergency room, sometimes by private transportation, but also by ambulance, to alleviate the problem. Similarly, patients who require a line change must also go to a hospital for such a procedure.

The lack of availability of home health agencies to provide first dose protocol, meet the needs of low intervention patients (not homebound), be available to start a patient on the evening, night or weekend therapy regimen or provide extended IVIG nursing visits is well documented. The result is the patient remains in a hospital longer than necessary resulting in an increased cost to the healthcare system. All of these situations, and their attendant expenses, would be substantially eliminated by the Applicant implementing its limited service home health agency. Accordingly, approval of Coram to provide this limited home health service will clearly result in a less costly and more effective alternative with respect to the hospital and other referral sources.

With respect to licensed home health agencies throughout East Tennessee, unfortunately in today's Medicare home health agency environment, there is not a range of certified infusion nurses available at the existing home health agencies. This is a very small skilled niche primarily providing services to non-Medicare patients. Accordingly, the service proposed herein is atypical to the average home health agency and generally not available. A detailed discussion of home health agencies patients versus the patient to be seen by the Coram home health service is presented by the Applicant in response to questions within Section C, Need, Home Health Services.

The alternative to this proposal is maintaining status quo. This was rejected by the Applicant. Maintaining status quo in East Tennessee means continued longer stays in hospitals; more costly hospital stays; further hardships on patients and their families; inability to enhance quality of infusion therapy services in East Tennessee; operating in a more costly healthcare environment – despite the industry's focus on enhancing quality and decreasing costs; and rejecting a true improvement in healthcare delivery at a lesser cost.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

- b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.***

The project proposed herein is for a limited service home health agency. It does not involve any new construction. In fact, it is using its existing infrastructure that houses a licensed pharmacy to establish the home health agency. Therefore the physical plant exists, is fully built out, and will require no incremental costs by the Applicant to achieve licensure of the home health service.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. *List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.*

The Applicant is an existing licensed pharmacy. It currently has in place contractual agreements with managed care organizations throughout East Tennessee. These include but are not limited to the following Aetna, Blue Cross Blue Shield of Tennessee, Carecentrix, Cigna, Corizon, Coventry, Cover Tennessee, GEHA, Multiplan, HealthSprings of Tennessee, Magellan TennCare, Prime Healthcare, Medicare, St Jude and TriCare.

Aside from its payor relationships, the Applicant has significant referral relationships with the existing hospital and provider community throughout the 32-county defined service area. The provider relationships include but are not limited to the following: Vanderbilt University Medical Center, Emory Medical Center, East Tennessee Children's Hospital, Cookeville Regional Medical Center, Select Specialty Hospital, Johnson City Medical Center, Morristown Hamblen Hospital, Blount Memorial Hospital, Suncrest, Amedisys, Home Health Care of East Tennessee, Tennova Healthcare System, University of Tennessee Medical Center and numerous East Tennessee physicians. Collectively, these referral sources represent between 80 and 90 percent of the Applicant's patient referrals.

The Applicant will extend the above payor relationships and provider relationships to also include nursing services for infusion patients. As evidenced by the letters of support obtained by the Applicant for this CON application, it is clear Coram has the necessary existing resources to assure its future viability.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

2. *Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.*

This proposal will not negatively impact existing home health providers as the services proposed herein will be very restricted and complement the home health services provided by agencies throughout East Tennessee. Additionally, with Coram's intent to continue to train nurses at other home health agencies in the area of infusion, it is possible the quality of care in the overall home health community will increase. Importantly, Coram only anticipates admitting approximately 178 of more than 60,000 home health patients in the region demonstrating virtually no impact on existing providers.

Coram's restricted license will have quite a positive effect on the existing institutional and physician providers. As noted in Section C, Question 1, Coram has a referral relationship for its infusion products with hospitals such as Vanderbilt University Medical Center, Emory Medical Center, East Tennessee Children's Hospital, Cookeville Regional Medical Center, Select Specialty Hospital, Johnson City Medical Center, Morristown Hamblen Hospital, Blount Memorial Hospital, Tennova Healthcare System, and University of Tennessee Medical Center, among others. With the ability to have Coram's certified infusion nurses available for first dose protocol and training in a patient's home, patients will be discharged on a more timely basis from these and other area hospitals. The ultimate effect will be a decrease in patient care costs across the continuum of the healthcare system.

Other benefits Coram believes will accrue to the community at large with its ability to provide infusion nursing services include but are not limited to the following:

- Less emergency room use
- Better disease control
- Fewer unscheduled physician office visits
- Fewer total medications
- Fewer hospitalizations
- Better self and preventative care skills by the patient and family
- Better drug compliance
- Increased patient satisfaction
- Fewer adverse drug reactions
- Seamless delivery of care by infusion therapy provider
- Certified infusion nurses able to provide hands on care in the patient's home
- Skilled, experience infusion nurse able to teach the patient in self administration, compliance and safety

Overall, these benefits will enhance the quality of care available for infusion therapy patients in a cost effective and accessible manner.

As reflected in the letters of support included in Attachment, Section C, Home Health Services, Item 5, the providers confirm the Applicant's position that approving Coram to have a restricted home health license will be a community benefit, for providers, patients and families.

In summary, the Applicant will have no negative effect on the utilization of existing home health providers, will have a positive effect through more timely discharge and a cost savings for hospital referral sources and will have a positive effect on the home health community through enhanced quality care delivery in the patient's home.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

The Applicant is an existing licensed pharmacy. Through this CON application, it will be adding nursing visits as a limited service home health agency. Currently, the Applicant employees 8 full time equivalents (FTEs) to provide its pharmacy and infusion services. Given its forecasted growth in those business segments, it expects to increase to 15 FTEs during the next two years (without home health). Because the entire management structure, admissions personnel, clerical support and clinical liaisons are already in place, with the addition of the limited home health agency and the addition of skilled nursing visits, the Applicant will only need to add additional registered nurses to provide such services.

The following table provides the number of full time equivalents employed by the Applicant, the current average salary per year for the existing operations, and forecasted FTEs for the two projection years as shown in the Projected Data Chart for the Existing Business included within the Attachments.

Additionally, the table identifies the incremental FTEs to provide the skilled nursing visits upon establishment of the limited home health service agency as the subject of this CON application.

Projected Data Chart – Forecasted Staffing and Salaries				
Position	Current FTEs	Current Salary	Forecasted FTEs by Year	
	2014		Year One	Year Two
Existing Operations				
Administration	1.00	\$117,000	1.00	1.00
Clinical Liaison	1.00	\$70,000	1.00	1.00
Territory Manager	1.00	\$70,000	1.00	1.00
Pharmacist	1.00	\$115,000	2.00	2.00
Pharmacy Technician	1.00	\$34,000	1.00	2.00
Admissions	1.00	\$34,500	1.00	2.00
Registered Nurses	1.00	\$70,000	2.00	3.00
Warehouse Worker	1.00	\$35,000	1.00	2.00
Clerical	0.00	\$27,000	0.00	1.00
	8.00	---	10.00	15.00
Proposed Operations – Limited Home Health – Skilled Nursing				
Registered Nurses	0.00	(*)	1.46	1.61
Combined Total FTEs				

<i>Projected Data Chart – Forecasted Staffing and Salaries</i>				
<i>Position</i>	<i>Current FTEs</i>	<i>Current Salary</i>	<i>Forecasted FTEs by Year</i>	
	<i>2014</i>		<i>Year One</i>	<i>Year Two</i>
Total	8.00		11.46	16.61

(*) The planned salary is \$75,000 in year one, 2015 dollars.

Average salaries by position are based on actual salaries of the Applicant since it is an existing licensed operation. These salaries are reasonably competitive as the Applicant has been able to successfully recruit and retain its employees as a longstanding West Tennessee employer. Average salaries for future periods were adjusted for inflationary purposes in the projected data chart. In addition to salaries, all full time employees have a benefit package. This package includes sick, holiday, vacation and insurance benefits and averages approximately 20 percent of salaries. Pool employees are not eligible for benefits.

The total number of RN FTEs for skilled nursing visits in year two will be 1.61 FTEs, an increase of 0.15 from year one, as there will only be 16 more patients in year two (178) compared to year one (162).

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

- 4. *Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.***

Coram Alternate Site Services, Inc. is an existing licensed pharmacy operating in East Tennessee. As noted in Section C, Question 3 above, it is fully staffed to provide its current and future pharmacy services in accordance with its budget. With respect to the addition of nursing visits, Coram will add registered nurses to provide the services. Based on the number of visits anticipated, the average duration of a visit and travel time, Coram will recruit 1.46 full time equivalent (FTE) nurses in year one and 1.61 in year two. It is confident with its existing licenses and relationships in the community that it will successfully recruit the nurses it requires to provide the nursing visits in accordance with its projections.

Geographic placement will be determinant on the number of patients in the area and their needs. The Applicant will place up to one full time CRNI in Knoxville, with a pool of between 8 and 15 per diem/per visit CRNIs located near larger population centers throughout the service area (e.g., Kingsport, Johnson City, etc.) will be sufficient to cover the anticipated patient population to be served by this limited service home health agency.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

5. *Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review policies and programs, record keeping, and staff education.*

Coram Alternate Site Services, Inc. is an existing licensed pharmacy operation in East Tennessee (and elsewhere). It has received, reviewed, understands and intends on complying with all applicable licensure requirements of the Department of Health as it relates to medical and clinical staff. It also intends on complying with all applicable Medicare and Medicaid/TennCare requirements regarding medical and clinical staff.

The Applicant has appropriate credentialing standards, quality assurance policies and programs, utilization review policies and programs, record keeping protocols and staff education requirements in place that will be expanded as applicable to the home health agency services.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

- 6. *Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).***

Coram Alternate Site Services is an existing licensed pharmacy which recognizes the importance of training and education, both for students as well as healthcare professionals not familiar with Coram's unique specialty of infusion. Accordingly, Coram has the following educational and training relationships in place:

- David Lipscomb University: Pharmacists
- University of Tennessee: Pharmacists
- Various Home Health Agency: Train nurses in infusion services
- Physician Offices In-services on: Starting an IV; specialty drugs; infusion equipment (pump and set up); infusion of specialty drugs
- Hospital Case Managers and Dietician In-Services on: Types of infusion which are safe to administer at home; sending home on TPN; infusion equipment

It is also the Applicant's intention to add pharmacy technician training for vocational schools when appropriate.

With the approval of this CON application for limited home health services, it is Coram's intent to expand the above relationships to additionally include other universities and various schools of nursing to provide experiential training on infusion service.

Clearly the Applicant will continue its current commitment to the training of both students and area healthcare professionals in the specialty niche in which Coram operates.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

7. *(a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.*

Coram Alternate Site Services has reviewed and understands the licensure requirements of the Department of Health applicable for the proposed limited service home health agency. Additionally, the Applicant is fully cognizant of the requirements for a home health agency as promulgated by the Centers for Medicare and Medicaid Services.

- (b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.*

Licensure: Tennessee Department of Health, Board of Licensing in accordance with Chapter 1200-08-26 Standards for Home Health Agencies

Accreditation: The Joint Commission

No measures other than those in the ordinary course of business and consistent with the Applicant's policies and procedures were taken in response to the latest licensing survey because that survey noted no deficiencies.

The Applicant is accredited organizationally by the Joint Commission, which may or may not result in a survey of the Applicant's Knoxville location. A copy of the Applicant's latest Joint Commission documentation is attached.

- (c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.*

The Applicant is currently licensed by the State of Tennessee as a Pharmacy. It is also accredited by The Joint Commission. It is enrolled in both Medicare and Medicaid (TennCare) to provide services to these population groups. The Applicant also has a licensed limited service home health agency serving 38 counties in Middle Tennessee; that license is included in Attachment, Section A, Item 4.3.

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Coram Alternate Site Services, Inc.'s Knoxville Branch is licensed as a pharmacy. To the best of our knowledge, the Knoxville, Tennessee Branch has not incurred any deficiencies, violations and/or fines. Attachment, Section C, Contribution to Orderly Development, Item 7(d) includes the copy of the most recent inspection of the Knoxville Branch. No deficiencies were noted so there is no applicable plan of correction.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

8. *Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.*

From time to time Coram is subject to ordinary course surveys, reviews and re-certifications by governmental agencies and, accordingly, Coram has incurred non-material deficiencies, violations and/or fines. No such surveys, reviews and re-certifications have led to any loss or limitations of licensure by Coram or have had or are expected to have a material impact on Coram's operations or financial standing or have had or expected to have material impact on Coram's operations or financial standing. To the best of our knowledge, the Knoxville, Tennessee Branch has not incurred any such deficiencies, violations and/or fines.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

- 9. *Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project.***

The Applicant has never received any final civil or criminal judgments for fraud or theft. Furthermore, its principals and officers have never received any final civil or criminal judgments for fraud or theft against. Lastly, to the best of our knowledge, any person or entity with more than 5% ownership interest in the Applicant has never received any final civil or criminal judgments for fraud or theft.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE**

- 10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.***

Coram Alternate Site Services, Inc. confirms that if approved, it will timely provide the Tennessee Health Services and Development Agency, Department of Health and/or any designated reviewing agency information concerning the number of patients treated, number and type of procedures performed and other data as required. It will submit its Joint Annual Report on a timely basis which also includes statistical and financial information for the home health operation as well as patient migration information utilized by the State. Furthermore, to the extent reporting requirements are altered or adjusted in future periods, Coram agrees to comply with any newly adopted reporting requirements.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

A copy of the notice of intent with the mast and dateline intact is provided on the following page as required.

THE NEWPORT PLAIN TALK
145 East Broadway • Newport, TN 37821
Phone 423-623-6171

PROOF OF PUBLICATION

STATE OF TENNESSEE
COUNTY OF COCKE

PERSONALLY appeared before me, Sandy Freshour of Cocke County, Tennessee, who being duly Sworn, made oath that she is a Representative of the Publisher of THE NEWPORT PLAIN TALK, A newspaper of general circulation, published in the City of Newport, County of Cocke and State of Tennessee and that the hereto attached publication appeared in the same on the following:

Dates:

June 3, 2014

Legal Information:

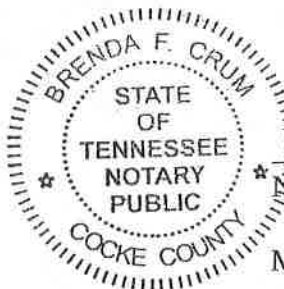
Notification of Intent to apply
for a Certificate of Need

Acct. # 250486

Total Cost 103.50

Sandy Freshour
REPRESENTATIVE

Subscribed and Sworn to before me on this 5, June 2014



Brenda F. Crum
NOTARY PUBLIC

MY COMMISSION EXPIRES 2-26-18

The referenced publication of notice has also been posted (1) On the newspaper's website (www.newportplaintalk.com) where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide website (tnpublicnotice.com) established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

PUBLIC NOTICES

NOTICE TO CREDITORS

ESTATE OF

AROLLA JOHNSON

PROBATE NUMBER 2014-PP-50

Notice is hereby given that on the 21st day of May 2014, Letters Testamentary (or of administration as the case may be) in respect to the estate of Arolla Johnson, who died January 28, 2014, were issued to the undersigned by the Chancery Court of Cooke County, Tennessee. All persons resident and non-resident, having claims, matured or unmatured against this estate are required to file the same with the clerk of the above named court on or before the earlier of the dates prescribed in (1) or (2) otherwise their claims will be forever barred:

(1) (A) Four (4) months from the date of the first publication (or posting) as the case may be; of this notice if the creditor received an actual copy of this Notice to Creditors at least sixty (60) days before the date that is four (4) months from the date of the first publication (or posting); or

(B) Sixty (60) days from the date the creditor received an actual copy of the Notice to Creditors, if the creditor received the copy of the notice less than sixty (60) days prior to the date that is four (4) months from the date of first publication (or posting) as described in (1) (A); or

(2) Twelve (12) months from the decedent's date of death.

This 21st day of May, 2014.

Craig Wild, Clerk and Master

Betty Denton
Personal Representative

James C. McSweeney, Jr.
Attorney for the Estate

MAY 27 JUNE 3, 2014

There is a NEW
group of people
EVERY DAY
looking at YOUR AD in
the CLASSIFIEDS.
Call Brenda or
Sandy 623-6171.

CHANCERY COURT AUCTION

HOUSE and LOT

Located at 1354 Golf Course Road

Newport, Tennessee

For sale by court order

June 14, 2014 at 10:00 a.m.

On The Premises

For additional information contact

CRAIG WILD, SPECIAL COMMISSIONER

423-623-3321

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3501 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternatate Site Services, Inc. dba Coram CVS/ specialty infusion Services owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Putnam, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10832 Muddock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$38,000. Coram Alternatate Site Services, Inc. is currently licensed in the following counties: Bedford, Blount, Blount, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alex Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Cabbert & Manther PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street

Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1507 (c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

131
PROOF OF PUBLICATION

Acct. Name:

H3GM

Acct. # 250538

COST OF PUBLICATION

Total \$94.50

STATE OF TENNESSEE

COUNTY OF MCMINN

PERSONALLY appeared before me April Hutsell
_____ of McMinn County, Tennessee.

who being duly sworn, made oath that he/she is a
representative of the Publisher of THE DAILY POST-ATHENIAN,
a newspaper of general circulation, published in the City of Athens,
County of McMinn and State of Tennessee and that the hereto
attached publication appeared in the same on the following dates :

NOTIFICATION OF INTENT T

06/04/2014

The Daily Post-Athenian

PO BOX 340, ATHENS, TN 37371

(423) 745-5664

Subscribed and sworn to before me on this 4th day
of June, 2014

Newspaper Representative: April Hutsell

Notary Public: _____

My Commission Expires: 8-20-17

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.



NOTIFICATION OF INTENT TO AP
This is to provide official notice to the community and all interested parties, in accordance with the Rules of the Health Services and Development Commission, Inc. d/b/a Community Health Services, Inc. owned by CVS Caremark Corporation, to be self-managed. Intends to provide and administer home infusion services ancillary to its pharmacy service line maintenance, infusion equipment changes on central lines and external lines in the following Tennessee counties: Anderson, Blount, Cocke, Fentress, Grainger, Greene, Johnson, Knox, Loudon, McMinn, Meigs, Polk, Roane, Scott, Sevier, Sullivan, and Union, from its licensed home infusion pharmacy located at 101A Murdock Drive, Suite 101A, Knoxville, TN 37912. Project cost to not exceed \$98,000. Currently licensed in the following counties: Clay, Coffee, Cumberland, Davidson, DeKalb, Hamilton, Hickman, Humphreys, Jackson, Marion, Marshall, Maury, Montgomery, Rutherford, Sequatchie, Smith, Sumner, and Wilson.
The anticipated filing date of the project may be reached at Harwell Howard, 1010 Commerce Street, Ste. 1500, Nashville, TN 37203. Upon written request by interested parties, a hearing shall be conducted. Written request to Health Services and Development Commission, Inc. Andrew Jackson, 502 Dead End, Nashville, TN 37203.
The published letter of intent must be filed with the Health Services and Development Commission, Inc. (T.C.A. § 68-11-1607(c)(1)). (to oppose a Certificate of Need application, the Health Services and Development Commission meeting at which the application is considered for approval. Any other person wishing to oppose the application with the Health Services and Development Commission must do so at the consideration of the application and the insertion date.

Other Costs	66,630	65,813	365,154
TOTAL	80,608	79,306	375,994
FT Employee Positions	2	2	2
	ACTUAL	ESTIMATED	PROPOSED
SEWER FUND	2012-2013	2013-2014	2014-2015
Estimated Revenues:			
Revenues	438,679	339,176	389,150
Federal Grants	45,115	3,260	495,000
Fund Balance	0	0	0
TOTAL	486,794	392,456	884,150
Expenditures:			
Salaries	126,320	119,520	113,825
Other Costs	405,311	307,567	770,325
TOTAL	322,491	427,087	884,150
FT Employee Positions	2	2	2

Published June 3, 2014

NOTICE OF SUBSTITUTE TRUSTEE'S SALE

WHEREAS, default having been made in the payment of the debts and obligations secured by that certain Real Estate Deed of Trust for Tennessee executed on May 10, 2002, by Stephanie N. Sexton, unmarried to Mary Ruth Tackett, Trustee, as same appears of record in the Register's Office Union County, Tennessee in Book 21, Page 817, ("Deed of Trust"); and

WHEREAS, the beneficial interest of said Deed(s) of Trust is the United States of America, acting by and through the United States Department of Agriculture (USDA); and

WHEREAS, USDA, the current owner and holder of said Deed(s) of Trust appointed Joe Woody as Substitute Trustee by instrument filed for record in the Register's Office of Union County, Tennessee, with all the rights, powers and privileges of the original Trustee named in said Deed(s) of Trust; and

NOW THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable as provided in said Deed(s) of Trust by USDA, and Joe Woody as Substitute Trustee, or duly appointed agent, pursuant to the power, duty, and authorization and conferred by said Deed(s) of Trust, will on Wednesday, June 25, 2014, commencing at 1:00 P.M. at the east door of the Union County Courthouse Maynardville, Tennessee, proceed to sell at public outcry to the highest bidder either for cash (must be in the form of a cashier's check) or 10 per cent of the high bid price as a non-refundable deposit with balance due within ten (10) days of sale, (and if such balance goes unpaid, USDA will retain the deposit and re-foreclose) the following described property lying and being in the Second Civil District in Union County, Tennessee to wit:

Lot No 33 of Whispering Pine Subdivision, as shown on the plat of same recorded in map Book 4, page 62, in the Register's Office for Union County, Tennessee Map 780 Parcel 58.33

PROPERTY ADDRESS: 515 Stowers Drive Corrigan TN 37721

Being the same property conveyed to Stephanie N. Sexton, Single, by Special Warranty Deed dated May 10, 2002, recorded in Deed Book Y-6, page 558-559, Register's Office for Union County, Tennessee.

CURRENT OWNERS: Stephanie N. Sexton

The sale of the above-described property shall be subject to all matters shown on any recorded plan; any unpaid taxes; any restrictive covenants, easements or setback lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and any matter that an accurate survey of the premises might disclose.

All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed(s) of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee.

The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above.

Joe Woody -Substitute Trustee-4730 New Harvest Lane, Suite 300-Knoxville TN 37916-<http://www.realestate.usda.gov>

Publication Dates: May 28th, June 3th, June 10th

Stop at the market manager's tent to learn more about your community, check out some fun games to play - today's special will be bocce ball - plant share program, kids' activities and more!

Even though you're having fun, don't forget to stop at the vendors and pick up some Black Angus Beef for your grill and veggies for the side - peas are in and summer vegetables will be in soon!

Reason #1

When you buy locally, more money is kept in the community, benefiting all of us!

More to come next newsletter...

New Place: Union County Arts Co-op! New Times Fridays, 4-7pm!
We're now "Fresh on Fridays"!

LEGAL NOTICES**NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-2501 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cooke, Pentecost, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Gannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Publish June 3, 2014

JUN 3 2014 2:22

PROOF OF PUBLICATION¹³³

Acct. Name:

HARWELL HOWARD HYNE

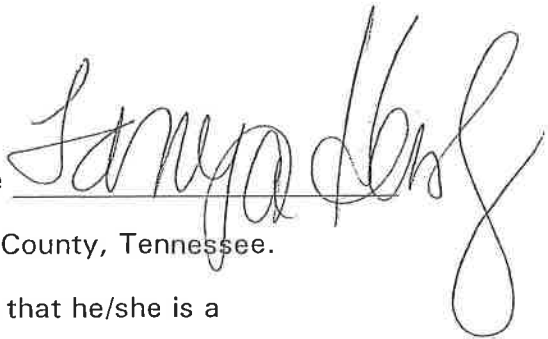
Acct. # 250483

STATE OF TENNESSEE

COST OF PUBLICATION

COUNTY OF GREENE

Total \$319.40

PERSONALLY appeared before me 
_____ of Greene County, Tennessee.

who being duly sworn, made oath that he/she is a
representative of the Publisher of THE GREENEVILLE SUN,
a newspaper of general circulation, published in the City of
Greeneville, County of Greene and State of Tennessee and that the
hereto attached publication appeared in the same on the
following dates:

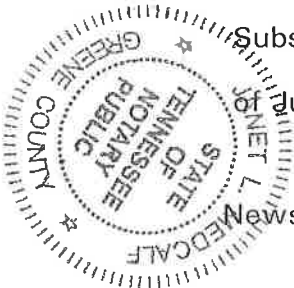
NOTIFICATION OF INTENT T

06/04/2014

The Greeneville Sun

P.O. BOX 1630, GREENEVILLE, TN 37744

(423) 638-4181



Subscribed and sworn to before me on this 4th day
June, 2014

Newspaper Representative: 

Notary Public: 

My Commission Expires: 5/26/16

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

THE GREENEVILLE SUN
THE GREENEVILLE NEIGHBOR-TMC
P.O. BOX 1630
GREENEVILLE TN 37744

ORDER CONFIRMATION

Salesperson: Not Applicable

Printed at 05/29/14 16:39 by tanya

Acct #: 250483

Ad #: 1575949

Status: N

HARWELL HOWARD HYNE GABBERT & MANNER,
MICHELLE ANDERSON
SUITE 1500
333 COMMERCE ST.
NASHVILLE TN 37201

Start: 06/04/2014 Stop: 06/04/2014
Times Ord: 1 Times Run: ***
STD 2.00 X 50.00 Words: 431
Total STD 100.00
Class: 1010 PUBLIC NOTICES
Rate: LEG Cost: 319.40
Affidavits: 1

Contact:

Phone: (615)251-1043

Fax#:

Email: michelle.anderson@h3gm.com

Agency:

Ad Descript: NOTIFICATION OF INTENT T

Given by: *

Created: tanya 05/28/14 16:06

Last Changed: tanya 05/29/14 16:38

PUB ZONE ED TP START INS STOP SMTWTFS
GS A 97 S 06/04

PAYMENTS:

-- 05/30/2014 319.40 V *****8767 05388D[57167923]

AUTHORIZATION

Under this agreement rates are subject to change with 30 days notice. In the event of a cancellation before schedule completion, I understand that the rate charged will be based upon the rate for the number of insertions used.

Name (print or type)

Name (signature)

(CONTINUED ON NEXT PAGE)

THE GREENEVILLE SUN
135
THE GREENEVILLE NEIGHBOR--TMC
P.O. BOX 1630
GREENEVILLE TN 37744

ORDER CONFIRMATION (CONTINUED)

Salesperson: Not Applicable

Printed at 05/29/14 16:39 by tanya

Acct #: 250483

Ad #: 1575949

Status: N

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

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6/4/14

STATE OF TENNESSEE¹³⁶

COUNTY OF UNICOI

DAMARIS HIGGINS of Erwin. County of Unicoi, State of Tennessee, deposeth that she is Marketing Services Director of **The Erwin Record**, a newspaper published at Erwin, Unicoi County, Tennessee, and that the notice hereto attached was published in said paper on the dates listed below. Furthermore, this legal notice was published online at www.erwinrecord.net & www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120.

January	_____	2014
February	_____	2014
March	_____	2014
April	_____	2014
May	_____	2014
June	<u>4</u>	2014
July	_____	2014
August	_____	2014
September	_____	2014
October	_____	2014
November	_____	2014
December	_____	2014

By 

Sworn to and subscribed before me

this 15th day of June 2014
(date) (month)



Keith Whitson

Notary Public



NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 *et seq.*, and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

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DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

- 1. Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.*
- 2. If the response to the preceding question indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph, please state below any request for an extended schedule and document the "good cause" for such an extension.*

It is the Applicant's intent to expeditiously proceed with the implementation of Coram Alternate Site Services, Inc.'s limited home health services as soon as certificate of need approval is obtained. Based on the project completion forecast as presented on the following page, the home health agency is expected to be licensed approximately 7 months from the CON application submission, or approximately three months from the CON hearing, beginning operations on or before January 1, 2015.

PROJECT COMPLETION FORECAST EAST TENNESSEE (KNOXVILLE BRANCH)

Enter the Agency projected Initial Decision date, as published in TCA 68-11-1609(c):

24-Sep-14

Assuming the CON approval becomes the final agency action on that date, indicate the number of days from the above agency decision date to each phase of completion forecast.

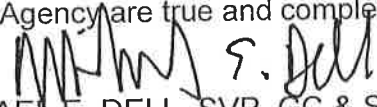
Phase	Days Required	Anticipated Date (Month/Year)
1 Architectural and engineering contract signed		
2 Construction documents approved by the TN Dept of Health		
3 Construction contract signed		
4 Building permit secured		
5 Site preparation completed		
6 Building construction commenced		
7 Construction 40% complete		
8 Construction 80% complete		
9 Construction 100% complete (approved for occupancy)		
10 * Issuance of license	95	December-14
11 * Initiation of service	5	January-15
12 Final Architectural Certification of Payment		
13 Final Project Report Form (HF0055)		

* For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect actual issue date.

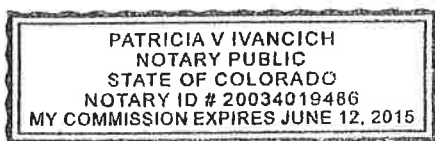
AFFIDAVITSTATE OF COLORADOCOUNTY OF DENVER, COLORADO

MICHAEL E. DELL, SVP, GC & SECRETARY, being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.


MICHAEL E. DELL, SVP, GC & SECRETARY
 SIGNATURE/TITLE

Sworn to and subscribed before me this 20TH day of MAY, 2014 a Notary
 (Month) (Year)

Public in and for the County/State of DENVER, COLORADO




 NOTARY PUBLIC

My commission expires JUNE 12, 2015
 (Month/Day) (Year)

CORAM ALTERNATE SITE SERVICES, INC.
CERTIFICATE OF NEED APPLICATION
TO ESTABLISH A
LIMITED SERVICE HOME HEALTH AGENCY
EAST TENNESSEE
APPLICATION ATTACHMENTS

JUNE 2014

APPLICATION ATTACHMENTS

ATTACHMENT, SECTION A, ITEM 4.4

CORAM ALTERNATE SITE SERVICES, INC.

**CORAM LOCAL BRANCH
FINANCIAL STATEMENTS**

Summary P&L**Base and AIS**
East TN Market**Coram Inc.****1 4 5****Actual/Budget****2011****2012****2013****Net Revenue**

TPN	716,011	307,257	260,673
Antibiotic	997,873	833,483	993,562
Cardiovascular	148,655	199,444	52,376
Pain Management	70,453	22,892	17,031
Core Branch	1,932,992	1,363,077	1,323,642
IVIG	464,250	554,234	668,897
SQIG	1,838,354	1,382,386	1,595,351
Alpha-1	188,424	41,354	269,845
Enzymes	0	0	472
Remicade/RA	0	0	0
Tysabri	0	0	0
Biotherapy	12,679	11,931	1,304
Other Specialty	0	5,870	416
Specialty Branch	2,503,706	1,995,775	2,536,286
Non-Core Therapy	211,754	211,496	195,192
All Other	7,908	(3,182)	(7,237)
Net Revenue	4,656,360	3,567,165	4,047,883

Patient Months

TPN	110	61	58
Antibiotic	481	411	435
Cardiovascular	12	34	22
Pain Management	26	20	11
Core Branch	629	526	526
IVIG	114	105	132
Vivaglobin	385	331	398
Alpha-1	12	4	36
Enzymes	0	0	1
Remicade	0	0	0
Tysabri	0	0	0
Biotherapy	12	10	2
Other Specialty	49	6	3
Specialty Branch	572	456	572
Non-Core Therapy	378	427	382
All Other	0	0	0
Patient Months	1,579	1,409	1,480

Gross Prod Mgn**2,716,017****1,733,301****1,717,734****Gross Prod Mgn %****58.3%****48.6%****42.4%**

Summary P&L**Base and AIS
East TN Market****Coram Inc.
Actual/Budget****1 4 6
2011****2012****2013****Nursing Total**

Total Labor	112,973	127,519	122,097
General Expenses	2,077	1,726	2,820
Total Nursing	115,050	129,244	124,917
% of Net Revenue	2.5%	3.6%	3.1%

Pharmacy Total

Total Labor	195,046	261,596	300,128
General Expenses	1,794	4,118	3,879
Total Pharmacy	196,840	265,713	304,007
% of Net Revenue	4.2%	7.4%	7.5%

Warehouse

Total Labor	40,468	44,428	9,284
General Expenses	2,743	6,525	6,512
Total Warehouse	43,211	50,953	15,796
% of Net Revenue	0.9%	1.4%	0.4%

Delivery

Total Labor	0	0	0
General Expenses	102,684	89,759	118,770
Total Delivery	102,684	89,759	118,770
% of Net Revenue	2.2%	2.5%	2.9%

Branch Administration

Total Labor	141,324	203,954	149,788
General Expenses	87,812	34,621	10,467
Total Branch Admin	229,135	238,574	160,255
% of Net Revenue	4.9%	6.7%	4.0%

Facilities Branch

Total Labor	0	0	0
General Expenses	126,434	178,240	223,803
Total Facilities Branch	126,434	178,240	223,803
% of Net Revenue	2.7%	5.0%	5.5%

HPRs

Total Labor	0	55,914	92,241
General Expenses	0	214	182
Total HPRs	0	56,129	92,423
% of Net Revenue	0.0%	1.6%	2.3%

All Other (Dieticians)

Total Labor	0	0	0
General Expenses	0	0	0
Total All Other	0	0	0
% of Net Revenue	0.0%	0.0%	0.0%

Clinical Services

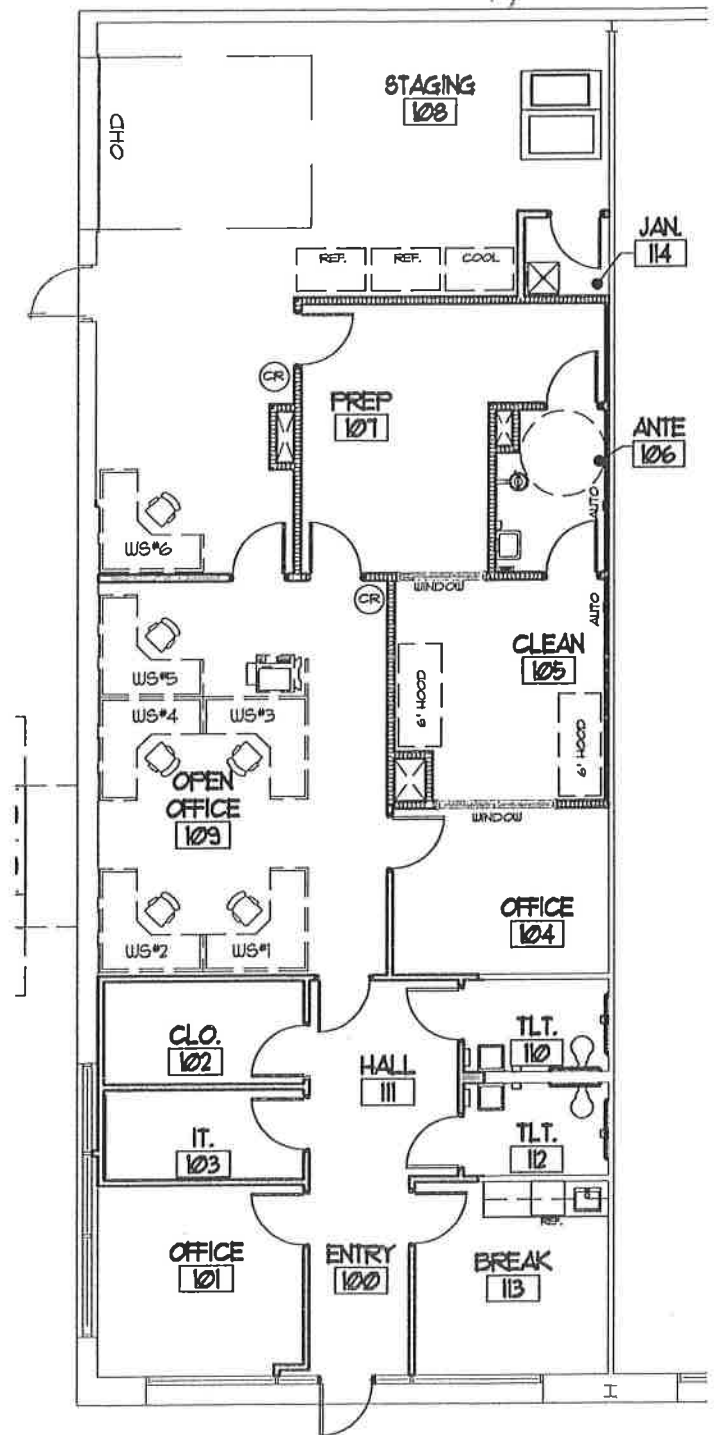
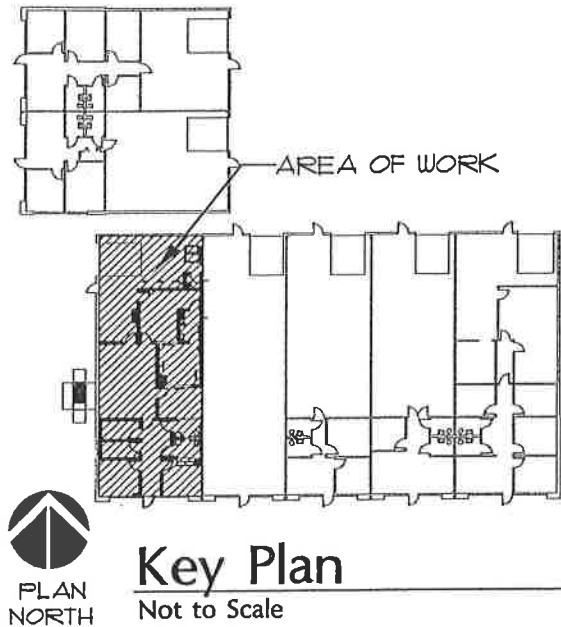
Total Labor	489,810	637,495	581,296
General Expenses	323,544	314,989	366,251
Total Clinical Services	813,354	952,484	947,548
% of Net Revenue	17.5%	26.7%	23.4%

Summary P&L Base and AIS East TN Market	Coram Inc.		
	1 4 7 2011	Actual/Budget 2012	2013
Admissions			
Total Labor	116,043	84,912	46,146
General Expenses	349	371	0
Total Admissions	116,392	85,282	46,146
% of Net Revenue	2.5%	2.4%	1.1%
PFS			
Total Labor	0	174,586	185,234
General Expenses	0	12,070	32,102
Total PFS	0	186,656	217,336
% of Net Revenue	0.0%	5.2%	5.4%
Selling			
Total Labor	301,934	238,536	165,750
General Expenses	29,901	35,232	30,129
Total Selling	331,835	273,768	195,879
% of Net Revenue	7.1%	7.7%	4.8%
All Departments OpEx			
Wages Expense	750,699	887,092	830,127
Benefits Expense	126,483	125,990	98,119
Bonus/Commission	0	0	0
Contract Labor	30,606	110,947	67,331
Enteral Chargeback	0	0	(17,150)
Severance Expense	0	11,500	0
Total Labor	907,787	1,135,529	978,426
% of Net Revenue	19.5%	31.8%	24.2%
Marketing	7,445	4,107	625
Office Expenses	12,435	11,859	13,487
Rent and Cam	122,580	129,087	120,886
Utilities Total	62,211	58,962	58,635
Cleaning & Other Services	1,815	5,724	7,291
Shipping and Delivery	105,766	91,337	120,037
Equipment Expenses	11,985	14,785	10,396
Training/Education	0	443	317
Placement Fees/Recuiting	0	0	416
Travel and Entertainment	27,836	33,291	25,161
Professional Fees & Lic	535	375	0
Collection/Consulting Fees	0	0	24,294
Real Personal & Sales Tax	1,245	718	12,787
Insurance	(58)	(97)	(125)
Other General Expenses	(1)	12,070	34,275
General Expenses	353,794	362,662	428,483
% of Net Revenue	7.6%	10.2%	10.6%
Total All Depts OpEx	1,261,581	1,498,190	1,406,909
% of Net Revenue	27.1%	42.0%	34.8%
Bad Debt	210,573	376,214	(157,571)
% of Net Revenue	4.5%	10.5%	-3.9%
EBITDA	1,243,862	(141,104)	468,396
% of Net Revenue	26.7%	-4.0%	11.6%
Depreciation	19,166	17,356	7,994
Net Income	1,224,696	(158,460)	460,401

ATTACHMENT, SECTION B,
PROJECT DESCRIPTION, ITEM IV

CORAM ALTERNATE SITE SERVICES, INC.

FLOOR PLAN



Suite A101
Coram- Knoxville TN.
10932 Murdock Dr #A101 Knoxville, TN 37932

Scale: 3/32" = 1'-0"

Area: 2,379 s.f.
March 11, 2014

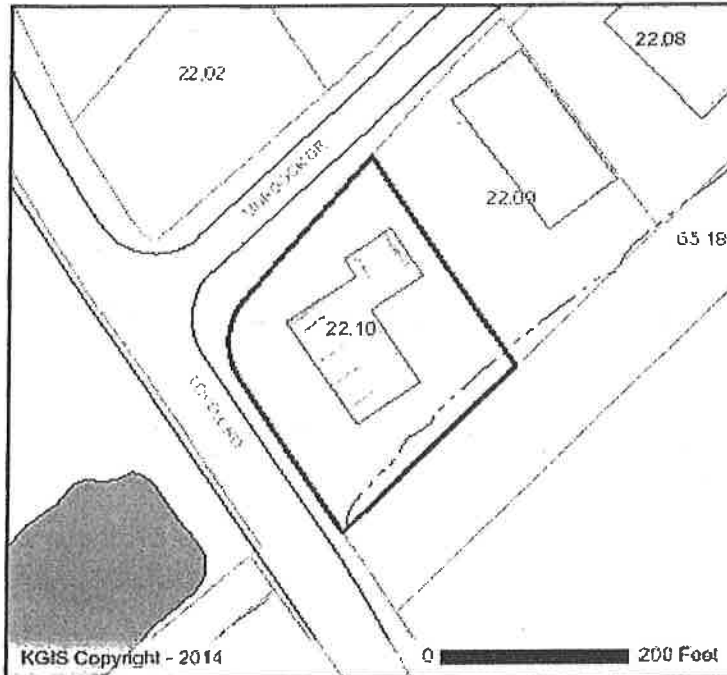
LKDG Prj. No. 13087

lk design group
architecture • planning • interiors
16010 Via Savano • San Antonio, Texas 78249
210.824.8825 fax 210.824.4150

June 20, 2014

12:06 pm

**ATTACHMENT TO QUESTION #5
SUPPLEMENTAL REQUEST #1**

June 20, 2014**12:06 pm****Parcel 131 02210 - Property Map and Details Report****Property Information**

Location Address: 10932 MURDOCK DR
 CLT Map: 131
 Insert:
 Group:
 Condo Letter:
 Parcel: 22.1
 Parcel ID: 131 02210
 Parcel Type:
 District: W6
 Ward:
 City Block:
 Subdivision: SOUTHEASTERN IND PARK
 Rec. Acreage: 0
 Calc. Acreage: 1.51
 Recorded Plat: L 55 - C
 Recorded Deed: 20031114 - 0053444
 Deed Type: Legal Document:
 Deed Date: 11/14/2003

Address Information

Site Address: 10932 MURDOCK DR
 KNOXVILLE - 37932
 Address Type: BUSINESS COMPLEX
 Site Name:

Owner Information

RIDENOUR J S PROPERTIES LLC
 7700 CONNER RD
 POWELL, TN 37849

The owner information shown in this section does not necessarily reflect the person(s) responsible for Last Year's property taxes. Report any errors to the Knox County Property Assessor's office at (865) 215-2365.

Jurisdiction Information

County: KNOX COUNTY
 City / Township:

MPC Information

Census Tract: 59.04
 Planning Sector: Northwest County
 2000 Traffic Zone: 219

Please contact Knox County Metropolitan Planning Commission (MPC) at (865) 215-2500 if you have questions.

Political Districts

Voting Precinct: 70
 Voting Location: Ball Camp Elementary School
 9801 MIDDLEBROOK PIKE
 TN State House: 89 Roger Kane
 TN State Senate: 7 Stacey Campfield
 County Commission: 6 Brad Anders
 Ed Shouse
 Mike Hammond

City Council:

School Board: 6 Thomas Deakins

Please contact Knox County Election Commission at (865) 215-2480 if you have questions.

School Zones

Elementary: FARRAGUT PRIMARY
 Intermediate: FARRAGUT INTERMEDIATE
 Middle: FARRAGUT MIDDLE
 High: HARDIN VALLEY ACADEMY

Please contact Knox County Schools Transportation and Zoning Department at (865) 594-1550 if you have questions.

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ATTACHMENT, SECTION B,
PROJECT DESCRIPTION, ITEM V

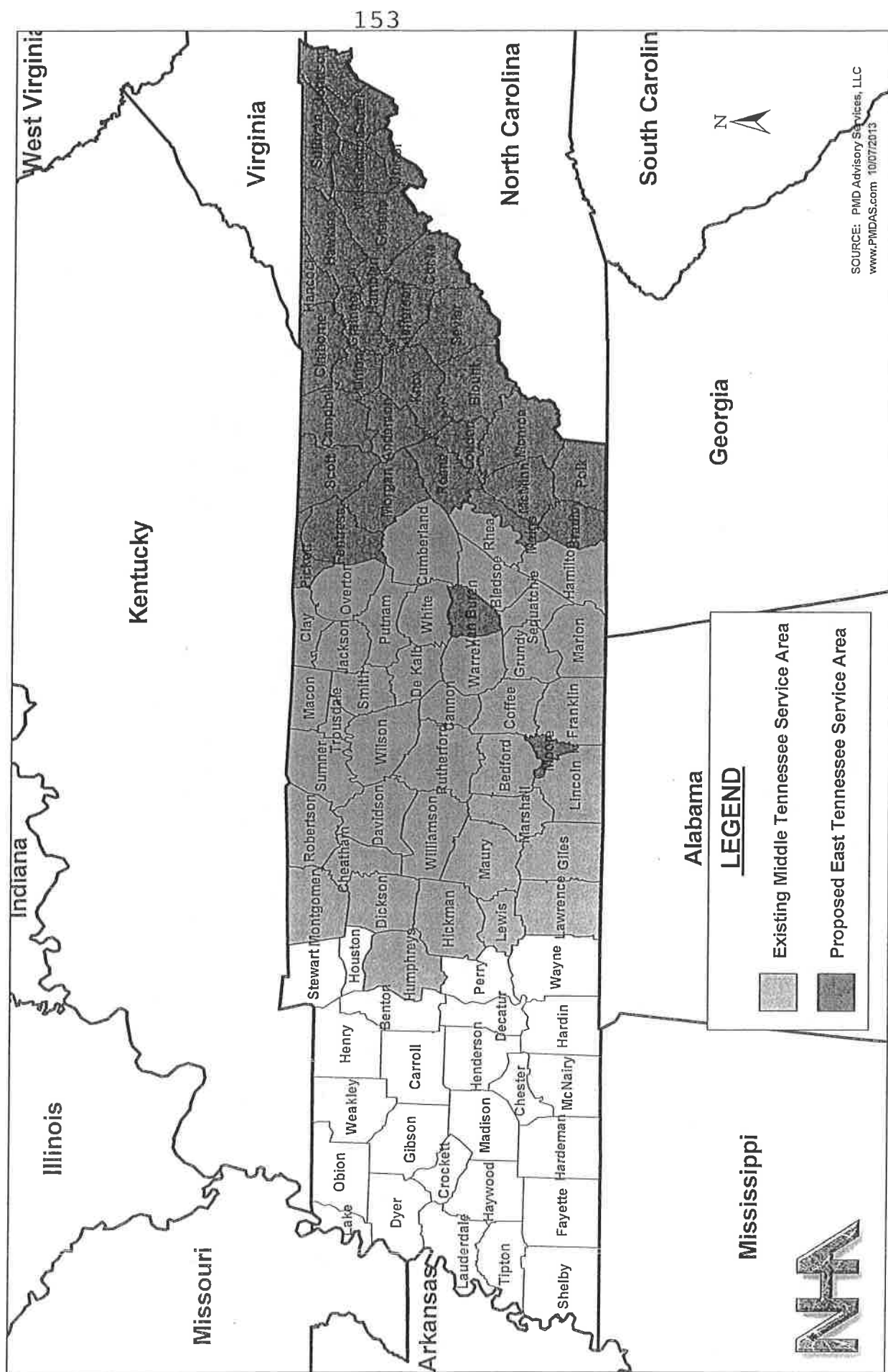
CORAM ALTERNATE SITE SERVICES, INC.

STATE OF TENNESSEE MAP WITH SERVICE AREA

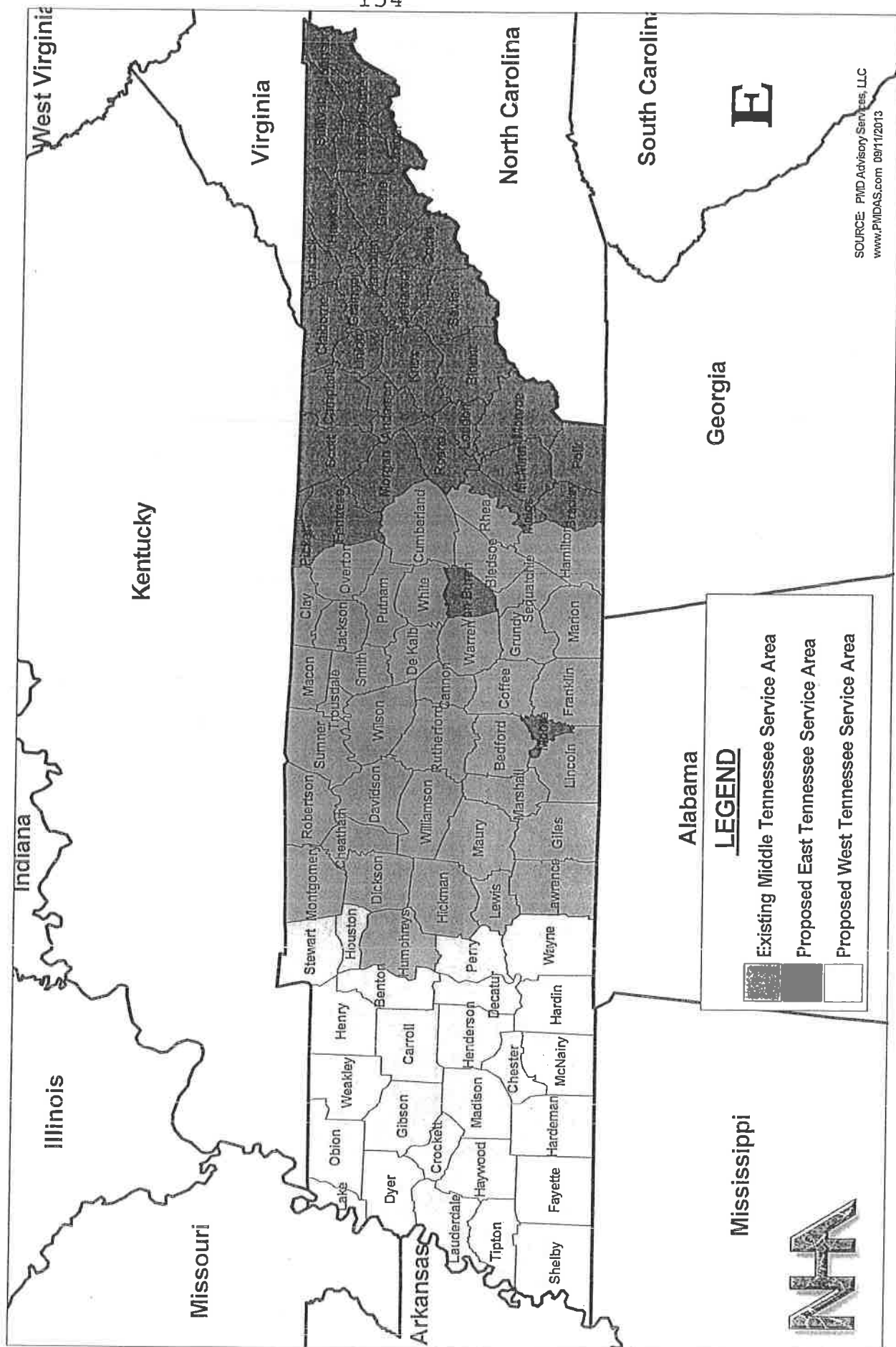
Coram Alternate Site Services, Inc.

Existing and Proposed Restricted Service Home Health Service Areas

State of Tennessee



**Coram Alternate Site Services, Inc.
Existing and Proposed Restricted Service Home Health Service Areas
State of Tennessee**



ATTACHMENT, SECTION C,
HOME HEALTH SERVICES, ITEM 1

CORAM ALTERNATE SITE SERVICES, INC.

STATE OF TENNESSEE
HOME HEALTH NEED BY COUNTY

156
Joint Annual Report of Home Health Agencies - 2013 Final*
Comparison of Population Based Need Projection vs. Actual Utilization (2018 vs. 2013)**

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2013 Pop.	Use Rate	Projected 2018 Pop.	Projected Capacity	Projected Need (.015 x 2018 Pop.)	Need or (Surplus) for 2018
Tennessee	1,619	1,457	175,924	6,528,014	0.0269	6,833,509	184,157	102,503	(81,654)
Anderson	22	19	2,893	76,182	0.0380	77,851	2,956	1,168	(1,789)
Bedford	20	19	1,120	46,700	0.0240	50,566	1,213	758	(454)
Benton	11	10	667	16,315	0.0409	16,104	658	242	(417)
Bledsoe	10	8	462	12,698	0.0364	12,599	458	189	(269)
Blount	18	18	2,507	126,809	0.0198	135,171	2,672	2,028	(645)
Bradley	16	14	2,021	102,235	0.0198	107,481	2,125	1,612	(512)
Campbell	21	18	1,715	41,163	0.0417	42,566	1,773	638	(1,135)
Cannon	19	16	423	14,013	0.0302	14,540	439	218	(221)
Carroll	13	13	1,246	28,213	0.0442	27,831	1,229	417	(812)
Carter	12	11	2,072	57,228	0.0362	57,680	2,088	865	(1,223)
Cheatham	24	25	772	39,603	0.0195	40,765	795	611	(183)
Chester	14	13	563	17,355	0.0324	17,999	584	270	(314)
Claiborne	19	15	2,002	32,457	0.0617	33,280	2,053	499	(1,554)
Clay	8	6	250	7,719	0.0324	7,673	249	115	(133)
Cocke	16	14	1,467	36,330	0.0404	38,615	1,559	579	(980)
Coffee	20	16	1,874	53,784	0.0348	56,841	1,981	853	(1,128)
Crockett	13	12	537	14,568	0.0369	14,683	541	220	(321)
Cumberland	15	13	1,601	57,370	0.0279	60,292	1,683	904	(778)
Davidson	32	32	14,912	649,507	0.0230	682,330	15,666	10,235	(5,431)
Decatur	17	14	638	11,773	0.0542	12,080	655	181	(473)
DeKalb	21	16	469	18,918	0.0248	19,125	474	287	(187)
Dickson	25	24	1,617	50,596	0.0320	51,964	1,661	779	(881)
Dyer	11	10	1,671	38,205	0.0437	38,427	1,681	576	(1,104)
Fayette	26	23	713	40,081	0.0178	44,888	799	673	(125)
Fentress	10	7	1,015	18,290	0.0555	18,987	1,054	285	(769)
Franklin	17	12	1,424	41,099	0.0346	42,122	1,459	632	(828)
Gibson	15	14	1,924	50,748	0.0379	52,163	1,978	782	(1,195)
Giles	12	11	1,001	29,325	0.0341	29,285	1,000	439	(560)
Grainger	22	20	886	22,994	0.0385	23,675	912	355	(557)
Greene	20	17	2,454	69,888	0.0351	71,594	2,514	1,074	(1,440)
Grundy	18	16	529	13,396	0.0395	13,293	525	199	(326)
Hamblen	19	17	2,835	63,763	0.0445	65,570	2,915	984	(1,932)
Hamilton	16	16	8,038	345,447	0.0233	353,577	8,227	5,304	(2,924)
Hancock	14	11	682	6,652	0.1025	6,640	681	100	(581)
Hardeman	17	15	917	26,492	0.0346	26,067	902	391	(511)
Hardin	16	14	1,157	25,968	0.0446	26,244	1,169	394	(776)
Hawkins	21	18	2,148	57,273	0.0375	58,164	2,181	872	(1,309)
Haywood	15	13	612	18,199	0.0336	18,009	606	270	(335)
Henderson	14	13	1,015	28,080	0.0361	28,631	1,035	429	(605)
Henry	10	10	1,283	32,595	0.0394	32,956	1,297	494	(803)
Hickman	18	17	725	24,393	0.0297	24,698	734	370	(364)
Houston	12	11	281	8,358	0.0336	8,447	284	127	(157)
Humphreys	16	14	803	18,488	0.0434	18,561	806	278	(528)
Jackson	12	11	402	11,355	0.0354	11,495	407	172	(235)
Jefferson	20	19	1,749	53,006	0.0330	56,872	1,877	853	(1,023)
Johnson	5	5	907	18,126	0.0500	18,127	907	272	(635)
Knox	24	23	9,976	448,093	0.0223	475,569	10,588	7,134	(3,454)
Lake	6	5	325	9,795	0.0332	9,468	314	142	(172)

157
Joint Annual Report of Home Health Agencies - 2013 Final*
Comparison of Population Based Need Projection vs. Actual Utilization (2018 vs. 2013)**

Service Area	Agencies Licensed to Serve	Agencies Report Serving	Total Patients Served	Estimated 2013 Pop.	Use Rate	Projected 2018 Pop.	Projected Capacity	Projected Need (.015 x 2018 Pop.)	Need or (Surplus) for 2018
Lauderdale	14	11	857	27,465	0.0312	27,125	846	407	(440)
Lawrence	15	12	1,667	42,280	0.0394	42,387	1,671	636	(1,035)
Lewis	12	10	402	12,111	0.0332	12,224	406	183	(222)
Lincoln	14	12	1,062	33,979	0.0313	35,697	1,116	535	(580)
Loudon	23	21	1,572	50,356	0.0312	53,192	1,661	798	(863)
McMinn	17	17	1,807	53,004	0.0341	54,203	1,848	813	(1,035)
McNairy	15	13	1,089	26,408	0.0412	27,299	1,126	409	(716)
Macon	17	15	849	22,957	0.0370	24,121	892	362	(530)
Madison	16	15	3,121	99,153	0.0315	101,001	3,179	1,515	(1,664)
Marion	16	15	729	28,448	0.0256	28,992	743	435	(308)
Marshall	21	17	816	31,159	0.0262	32,015	838	480	(358)
Maur	23	21	2,412	82,029	0.0294	83,256	2,448	1,249	(1,199)
Meigs	18	16	346	12,064	0.0287	12,643	363	190	(173)
Monroe	19	19	1,517	45,664	0.0332	48,088	1,598	721	(876)
Montgomery	19	20	2,903	184,087	0.0158	200,561	3,163	3,008	(154)
Moore	13	10	97	6,369	0.0152	6,401	97	96	(1)
Morgan	21	21	472	21,826	0.0216	22,004	476	330	(146)
Obion	12	12	1,280	31,536	0.0406	31,222	1,267	468	(799)
Overton	14	11	742	22,376	0.0332	22,967	762	345	(417)
Perry	11	6	258	7,971	0.0324	8,096	262	121	(141)
Pickett	8	6	271	5,045	0.0537	4,943	266	74	(191)
Polk	11	11	427	16,654	0.0256	16,588	425	249	(176)
Putnam	16	14	2,405	75,646	0.0318	82,623	2,627	1,239	(1,387)
Rhea	16	15	927	32,966	0.0281	34,790	978	522	(456)
Roane	24	22	2,354	53,918	0.0437	54,457	2,378	817	(1,561)
Robertson	26	26	1,739	69,336	0.0251	74,371	1,865	1,116	(750)
Rutherford	29	29	5,503	285,141	0.0193	329,446	6,358	4,942	(1,416)
Scott	18	15	835	21,986	0.0380	21,969	834	330	(505)
Sequatchie	14	11	413	14,756	0.0280	16,004	448	240	(208)
Sevier	19	18	2,452	93,637	0.0262	100,362	2,628	1,505	(1,123)
Shelby	27	27	18,064	940,972	0.0192	954,012	18,314	14,310	(4,004)
Smith	17	14	708	19,445	0.0364	20,281	738	304	(434)
Stewart	10	10	339	13,436	0.0252	13,941	352	209	(143)
Sullivan	14	13	5,259	158,451	0.0332	161,136	5,348	2,417	(2,931)
Sumner	26	27	4,160	169,409	0.0246	183,406	4,504	2,751	(1,753)
Tipton	26	22	1,298	63,001	0.0206	67,545	1,392	1,013	(378)
Trousdale	16	14	431	8,046	0.0536	8,582	460	129	(331)
Unicoi	13	11	659	18,334	0.0359	18,511	665	278	(388)
Union	21	18	371	19,231	0.0193	19,605	378	294	(84)
Van Buren	12	11	240	5,456	0.0440	5,474	241	82	(159)
Warren	20	15	2,266	40,299	0.0562	41,155	2,314	617	(1,697)
Washington	16	14	4,181	128,537	0.0325	138,370	4,501	2,076	(2,425)
Wayne	11	9	640	16,887	0.0379	16,724	634	251	(383)
Weakley	13	11	1,180	38,255	0.0308	39,491	1,218	592	(626)
White	14	9	962	26,612	0.0361	27,974	1,011	420	(592)
Williamson	32	32	2,815	198,045	0.0142	223,333	3,174	3,350	176
Wilson	28	31	3,727	121,626	0.0306	133,357	4,086	2,000	(2,086)

*Most recent year of Joint Annual Report data for Home Health Agencies

Data is projected four years from the year the Home Health data was **finalized, not the actual year of Home Health data.

ATTACHMENT, SECTION C,
HOME HEALTH SERVICES, ITEM 3.1

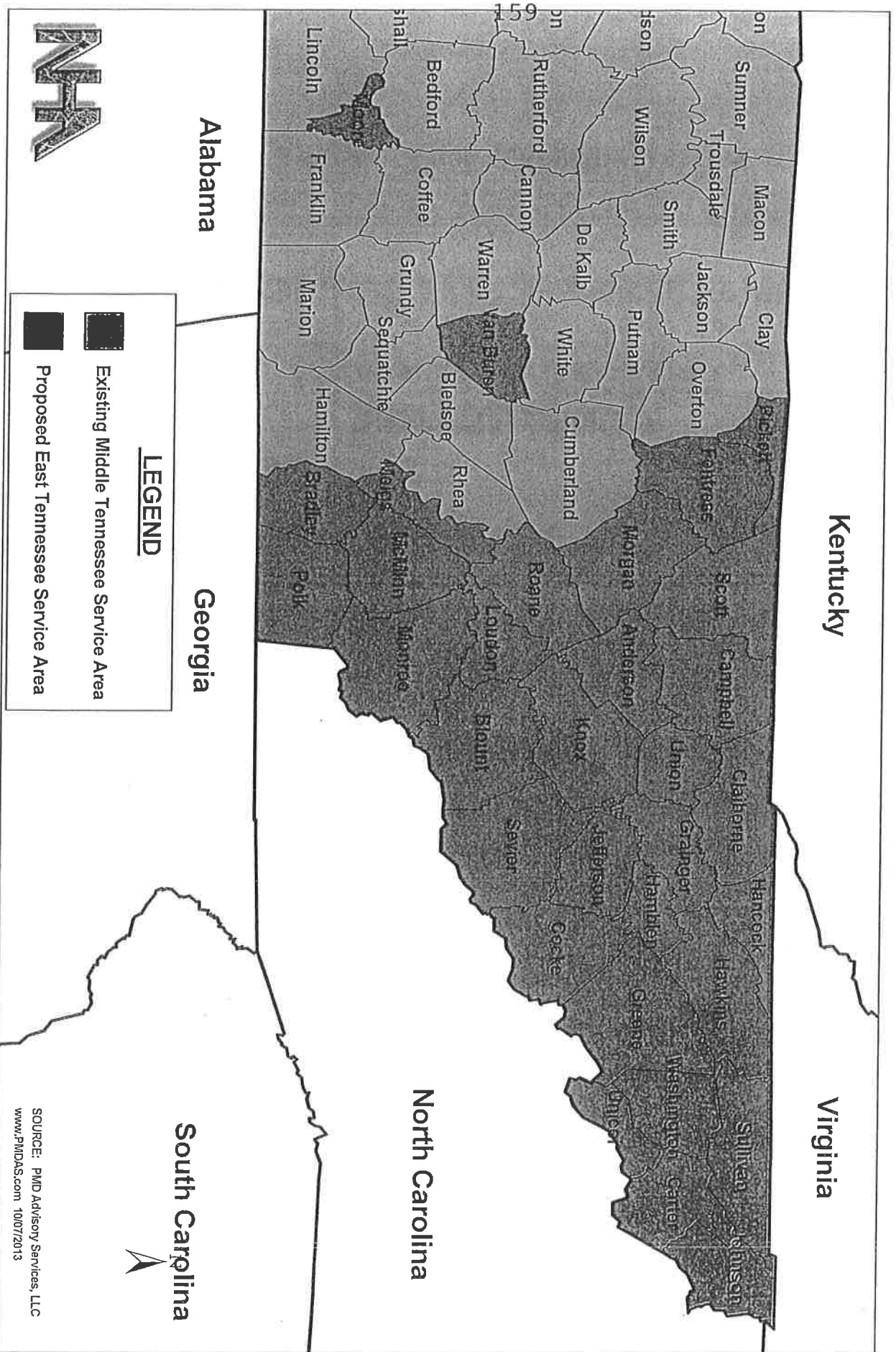
CORAM ALTERNATE SITE SERVICES, INC.

SERVICE AREA MAP:
EAST TENNESSEE WITH SERVICE AREA

Coram Alternate Site Services, Inc.

Existing and Proposed Restricted Service Home Health Service Areas

East Tennessee Service Area



ATTACHMENT, SECTION C,
HOME HEALTH SERVICES, ITEM 5

CORAM ALTERNATE SITE SERVICES, INC.

LETTERS OF SUPPORT
CONSTITUENTS




Subject: FW: Home Health Agency Support

From: Kirby, Nicole
Sent: Monday, October 21, 2013 4:18 PM
To: 'Sally Aldrich'
Subject: RE: Home Health Agency Support

Hi Sally,

Thanks for your support. I understand your unique position. You all do an awesome job in helping us provide quality patient care. We look forward to maintaining and enhancing THIS relationship moving forward.



Nicole Kirby, RN, MBA | Regional Nurse Manager
 1680 Century Center Parkway, Suite 12 | Memphis, TN 38134 | P 901.386.3738 | F 901.347.6004
www.coramhc.com Find employment opportunities:   

From: Sally Aldrich [mailto:Sally.Aldrich@mlh.org]
Sent: Monday, October 21, 2013 4:04 PM
To: Kirby, Nicole; Donna Burnet
Cc: Jackie Lloyd; Sonya Glasgow
Subject: RE: Home Health Agency Support

Hi, Ms Kirby -

Please forgive me for taking so long to get back with you. Methodist HH has historically not taken part in providing care for first dose or biologic infusions, you are correct. I think Coram is the right place to maintain this as a specialty function for their nurses trained in this procedure. Methodist does not plan to move in the direction of staffing for first dose or biologics in the home.

Methodist Healthcare recently entered into a Joint Venture with Precision Infusion to provide home infusion services, along with their infusion center located on Park Ave. in east Memphis. While I am in favor of your nursing staff managing your first dose/biologic services, I am not sure my signing a letter of support for your HHA would be approved by Methodist - might be a bit of a conflict there. I would not actively oppose Coram seeking licensure, though, to serve this unique population. Would your CON be specific to first dose, biologics for Coram patients?

thank you for Coram's partnership to care for our patients in Memphis and your work with our agency
 sally

Sally Aldrich, RN, MSN
 Administrator, CNO, Affiliated Services Division
 Home Care, Hospice & Palliative Services
 ph: 901-516-1413
 fax: 901-516-1401
sally.aldrich@mlh.org

Privileged and Confidentiality Disclaimer

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Methodist Le Bonheur Healthcare is proud to once again be named among the Top 100 Integrated Healthcare Networks in the country.

"Be treated well."



www.methodisthealth.org
www.lebonheur.org

From: Kirby, Nicole [<mailto:Nicole.Kirby@coramhc.com>]

Sent: Wednesday, October 09, 2013 12:12 PM

To: Sally Aldrich; Donna Burnet

Subject: Home Health Agency Support

Hello Ms Aldrich,

My name is Nicole Kirby. I am Regional Nurse Manager with Coram Specialty Pharmacy. I recently spoke with Ms. Burnet and she suggested you might be able to help me.

As you may well know, Coram has been partnering with agencies like Methodist to meet the needs of patients in the community for many years.

You all do a wonderful job of providing nursing. What you may not know is the challenge we face in getting skilled nursing for some of

our patients receiving biologic products, or those needing first dose in the home, transplant and research protocols. Throughout the nation, Coram provides education to agencies so their nurses can be prepared to care for these patients. Many times however, due to the length of the visits, you all still must refuse the visit due to staffing. For this reason, Coram also has home health to bridge the gap. We typically only employ a few nurses because we are very specialized in our services and we continue to subcontract the majority of our referrals.



Finally, the Memphis branch of Coram would like to apply for licensure to be a HHA. We are asking if you would be willing to sign a letter of support for our endeavor. We look forward to continuing to work together on many referrals in the future.

Please give me a call if you have any questions.



Nicole Kirby, RN, MBA | Regional Nurse Manager

1680 Century Center Parkway, Suite 12 | Memphis, TN 38134 | P 901.386.3738 | F 901.347.6004

www.coramhc.com Find employment opportunities:   



*Pediatric,
Adolescent &
Adult Care*

**Regional /
Children's**
2121 Highland Ave.
Knoxville, TN 37916
t: (865) 525-2640
f: (865) 525-9536
info@allergyaa.com

**West / Cedar
Bluff**
9017 Cross Park Drive
Suite 100
Knoxville, TN 37923
(865) 693-1556

**Emory Road /
Conner Pointe I**
7714 Conner Road
Suite 108
Powell, TN 37849
(865) 938-7759

**Maryville /
Armory Place**
123 Gill Street
Alcoa, TN 37701
(865) 977-8242

**Sevierville /
Bradford Square**
632 Dolly Parton Pkwy.
Suite 5
Sevierville, TN 37862
(865) 429-9070

**Morristown /
Hamblen**
500 McFarland Street
Suite E
Morristown, TN 37814
(423) 254-3590

Oak Ridge
1060 Oak Ridge Turnpike
Oak Ridge, TN 37830

**North /
Fountain City**
Shot Office Only
4450 Walker Blvd
Knoxville, TN 37917
(865) 689-7363

Look for us on the
web

allergyaa.com

Allergy & Asthma Affiliates

Donald T. Ellenburg, M.D.
Timothy C. Frazier, D.Ph., M.D.
Andrew M. Singer, M.D.
W. Scout Robinson, M.D.

March 11, 2014

Ms. Melanie Hill
Certificate of Need Program
C/O Coram Alternate Site Services, Inc.

Dear Ms. Hill:

My name is Timothy Frazier, M.D.. I am board certified in allergy and immunology. My fellowship training was in both internal medicine and pediatrics. My practice consists of seeing both children and adults. My practice group currently has seven offices which are located in five different counties in the Greater Knoxville Area.

I have in the past referred many patients to Coram for specialty infusion services. Typically, the patients I am referring carry the diagnosis of primary immune deficiency. As you can understand, it is in general in the patient's best interest, with hypogammaglobulinemia, to avoid hospital settings and sick contacts. An ideal approach is for these patients to have treatments provided in the home when possible. Unfortunately, it is rare to find a home health agency willing to provide these services in the home, especially for pediatric patients. It is even a more difficult problem to find a home health agency willing to provide infusion nursing services for specialized infusion products such as IVIG, typically due to the lack of qualified nursing or inexperience in dealing with patients carrying diagnoses of primary immune deficiency.

I am well aware of the importance of Coram's role in the home health care of highly acute patients or patients at risk of contracting infection from sick contacts. It would be important to me, and more importantly my patients, that Coram's requested Certificate of Need be approved to establish a limited home health agency in the East Tennessee Area specifically to provide services for patients such as these. These services would certainly improve my patients' quality of care and outcomes. As stated, I have dealt with Coram often in the past; and the need for skilled nursing services for this population of patients is a current great need that is inadequately met.

Due to the above, I am in support of seeing the Coram Company establish a home health agency here in the Knoxville area.

Sincerely,

Timothy C. Frazier, DPH, M.D.

TCF/dw

SUBROTO KUNDU, M.D.
East TN Neurology LLC

February 24, 2014

Ms. Melanie Hill
Certificate of Need Program
c/o Coram Alternate Site Services, Inc.

Dear Ms. Hill:

I am a neurologist in clinical practice, in East Tennessee, with offices in Cleveland and in Chattanooga. I am board certified by the Neurology division of the American Board of Psychiatry and Neurology (ABPN) (1990).

I am writing to you because my patients who require immunoglobulin therapy do not have adequate services available to them in East Tennessee, particularly in Cleveland. My experience is consistent. When my patients who require IVIG therapy, and the most appropriate quality of care site to administer is in the home, the availability of this service is virtually non-existent. The licensed home health agencies serving our area are not proficient in IVIG therapy, are not familiar with first dose protocols and are generally not available to provide a nursing visit that lasts five to six hours which my patients require.

For the good of my patients care, please approve Coram's requested home health agency certificate of need to provide skilled nursing related to infusion therapy in the home. I am confident that this will improve the quality of care delivery in our area and for my patients.

Thank you,



Subroto Kundu, MD



October 11, 2013

Ms. Melanie Hill
Certificate of Need Program
c/o Coram Alternate Site Services, Inc.

Dear Ms. Hill:

My name is Margarita LaMothe, MD. I am an infectious disease and internal medicine physician practicing medicine for more than 25 years. I am board certified by the American Board of Internal Medicine in the specialty of Infectious Disease. I practice in the Memphis area.

Given my specialty, I strongly understand the importance of Coram's role in the at home care of highly acute and/or infectious patients. It is important to me and my patients that Coram's requested certificate of need be approved to establish a limited home health agency in West Tennessee. This will improve my patient's quality of care and these patient outcomes. I speak from full experience of the patient situations and Coram's skill set to recommend this approval.

One example that I had with a patient earlier this year was that the assigned home health agency did not draw the correct labs that I needed to assess my patient's condition. Thinking it was correcting the situation, the home health agency then drew them in the middle of the day. This patient was on a 10AM and 10PM schedule. The typical home health agency nurse, not certified in Infusion Services, does not understand the importance of pharmacokinetics like the Coram nurses do. This situation impacted my patient. Having Coram licensed to provide nursing in conjunction with the infusion would have improved this patient's outcome. This example is not in insolation; I regularly have other such circumstances.

Again, please authorize Coram to provide skilled nursing services to meet the unique needs of infusion patients. Thank you.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Margarita LaMothe'. The signature is fluid and cursive.
Margarita LaMothe, MD

2014-02-18 11:02
375 P.001/002

*Wanda Lambert
P.O. Box 56
Kodak, Tennessee 37764*

December 5, 2013

Ms. Melanie Hill
Certificate of Need Program
c/o Coram Alternate Site Services, Inc.

Dear Ms. Hill:

This past summer, I was given a prescription for home infusion of an Alpha 1 therapy (Glassia). My regimen was for bi-weekly infusions with the therapy taking five to six hours each time. I am a Cigna patient. While Coram was identified to provide me with the therapy, Coram was unable to provide the nursing support to administer the Alpha 1 therapy or even attempt to teach me to self administer.

Unfortunately for me and the healthcare system, while Coram was available to provide the therapy, no home health agency was identified to provide the home nursing support. The only reason I did not have to go to a hospital or an infusion center for treatment is that Coram spent the time (hours and hours, days) contacting home health agencies to solicit such an entity to provide me with home health nursing. In fact, I am well aware that Coram spoke with eleven different agencies - all of whom denied me the needed training and treatment. This delay caused me much anxiety. I can't imagine that it didn't also increase my treatment costs to the healthcare system.

Having treatment needs is hardship enough on a patient. Not being able to reasonably access treatment in a timely manner is even worse.

It is for situations like mine, and for others like me, that I am writing this letter to request your Agency license Coram to provide these types of services. Please approve Coram's certificate of need application to provide limited scope home health services.

Thank you,



Wanda Lambert

Phyllis Gibb
905 29th Street SE
Cleveland, Tennessee 37323

December 4, 2013

Ms. Melanie Hill
Certificate of Need Program
c/o Coram Alternate Site Services, Inc.

Dear Ms. Hill:

I am a patient who has had a need for home infusion of intravenous immunoglobulin infusion (IVIG) therapy. Coram Specialty Infusion Services provides me with the products necessary for my treatment.

My treatment was five days per week, five to six hours per treatment for three weeks. No home health agency would provide the staffing support for me to have this treatment at home. Reasons they could not provide the staff was the duration and frequency of treatment.

I was forced to go to an infusion center which was time consuming, exposed me to germs and cost more for the care. In times when we should be concerned about cost effectiveness of care, quality of care and appropriateness of treatment by venue, my situation exemplifies what is wrong with the system.

Had Coram been able to provide the nursing staff support in my home and train me to self-administer, outcomes, cost effectiveness and quality would have been improved.

It is important to me and others like me that you approve the Coram request to establish a limited service home health agency to serve the specialized needs of patients like me. Thank you very much for your consideration.

Very truly yours,

A handwritten signature in cursive script that reads "Phyllis D. Gibb". The signature is written in dark ink and is positioned above the printed name.

Phyllis Gibb



Allergy & Asthma Affiliates

Donald T. Ellenburg, M.D.
Timothy C. Frazier, D.Ph., M.D.
Andrew M. Singer, M.D.
W. Scout Robinson, M.D.

*Pediatric,
Adolescent &
Adult Care*

February 27, 2014

**Regional /
Children's**
2121 Highland Ave.
Knoxville, TN 37916
t: (865) 525-2640
f: (865) 525-9536
info@allergyaa.com

**West / Cedar
Bluff**
9017 Cross Park Drive
Suite 100
Knoxville, TN 37923
(865) 693-3556

**Emory Road /
Conner Polite I**
7714 Conner Road
Suite 108
Powell, TN 37849
(865) 938-7759

**Maryville /
Armory Place**
123 Gill Street
Alcoa, TN 37701
(865) 977-8242

**Sevierville /
Bradford Square**
632 Dolly Parton Pkwy.
Suite 5
Sevierville, TN 37862
(865) 429-9070

**Morristown /
Hamblen**
500 McFarland Street
Suite E
Morristown, TN 37814
(423) 254-1590

Oak Ridge
1060 Oak Ridge Turnpike
Oak Ridge, TN 37830

**North /
Fountain City**
Simon Office Bldg
4450 Walker Blvd
Knoxville, TN 37917
(865) 689-7363

Look for us on the
web

allergyaa.com


To Whom It May Concern:

As an allergist and immunologist, I take care of several patients who have immune deficiency and need infusions. With recent changes in healthcare environment, insurance companies are pushing for infusions to be done at home; and we do have a shortage locally of trained nursing agencies which are able to infuse patients safely at home.

With this in mind, I please request Coram be approved for having a group of nurses who can do infusions at home to facilitate treatment of our patients.

Thank you for taking this into consideration.

Sincerely,


Andrew M. Singer, M.D.

AMS/dw

Michelle Barford
1655 Panoha Drive
Germantown, Tennessee 38138

October 7, 2013

Ms. Melanie Hill
Certificate of Need Program
c/o Coram Alternate Site Services, Inc.

Dear Ms. Hill:

I am a nurse who is also a long term Total Parenteral Nutrition (TPN) patient. My personal experiences and my clinical knowledge are presented here to share with you why it is so very important that your Agency approve Coram's request for a limited service home health agency.

By way of background, I travel extensively and am involved in a patient advocate program. Because of my personal history with access maintenance and having to have a line replaced while out of the country in the past, I requested a Hickman/ CV line repair kit from Coram. Coram provides my TPN products. Coram had the kit available and the requisite program and educational material. However, because the Memphis branch did not have a CON to provide skilled nursing services, the nurses at the branch could not 'touch' me nor provide me with the skilled nursing training. Therefore, I went without this valuable resource.

Sure enough, about two months later, I experienced a fracture on the pigtail portion of my line that resulted in what I consider an unnecessary procedure.

Had Coram had its limited home health agency license, the healthcare systems costs would have been less as (1) I would not have had to had an extra procedures; (2) I could have fixed the problem without outside intervention; (3) the quality of my treatment and experience would have been improved; and (4) outcomes would have been improved. From a personal standpoint, the additional costs I incurred and additional hardships and recovery from the procedure I had to endure would have been avoided. I would have also had better patient outcomes, improving the quality and cost effectiveness of my care and treatment.

For the reasons as stated above, and my knowledge of Coram's commitment to quality service, please approve Coram's CON request for a limited service home health agency. Please contact me if I can be of further assistance.

Cordially,



Michelle Barford



October 9, 2013

Ms. Melanie Hill
Certificate of Need Program
c/o Coram Alternate Site Services, Inc.

Dear Ms. Hill:

I am the Regional Nurse Manager with Coram Alternate Site Services, Inc. We recently had a patient Mrs. B. H. whose husband, Mr. H., was her primary caregiver. Mrs. B.H. was a terminal patient who has since expired. We met Mrs. B. H. while a patient in a local hospital. The hospital had arranged for Coram to provide Mrs. B. H. with the infusion products and a home health agency to provide the at home skilled infusion services. Upon accepting the patient, Coram nurses saw the patient in the hospital, doing the pump connection and line assessment as is the standard of care for this type of patient. Mrs. B. H. then went home.

One of Coram's standard protocols is conduct a 24 hour follow up by telephone with each patient. During this callback the day after doing the pump connection and line assessment, the family answered the telephone. They informed the Coram representative that the contracted home health agency was still there and having difficulty accessing the port. In fact, we were informed that two nurses had attempted with three different needles. Obviously, both Mrs. B. H. and Mr. H. were quite concerned and fearful of the circumstance.

In response, Coram nurses took additional supplies to the patient home and provided one on one education on the spot for the nursing agency nurse. Our Coram staff talked the nurse through the appropriate technique for successfully accessing the port. The situation was very unfortunate for Mr. and Mrs. H. Their encounter with the healthcare system was suboptimal and the level of care received was below acceptable quality.

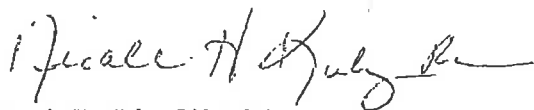
Had Coram been licensed to provide this level of skilled care for this unique infusion patient type, there would have been many benefits to the patient and healthcare system in general. The patient would have had improved patient experience; the patient would not have had two nurses with three different needles; the patient's outcome would have been better; the patient would have received treatment consistent with the standard of care; the patient would have had less stressors in this circumstance although we do not know the ultimate impact of that improvement on the health and longevity of the patient.

From a general healthcare perspective, had Coram provided the service from the outset, it would have been more cost effective as Coram came to the patient home to educate the other home health agency on treatment methods – so now extra nurse skills were used to treat the patient; quality of care would have been improved as a result of eliminating the failed attempts to access the port; and patient experience with the healthcare system would have been improved.

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It is circumstances like this that necessitate the need for Coram to have its certificate of need application to provide limited scope home health services be approved. Please give our request favorable consideration.

Thank you,

A handwritten signature in black ink, appearing to read "Nicole H. Kirby". The signature is fluid and cursive, with a long horizontal stroke at the end.

Nicole H. Kirby, RN, MBA
Regional Nurse Manager

ATTACHMENT, SECTION C,
ECONOMIC FEASIBILITY, ITEM 2

CORAM ALTERNATE SITE SERVICES, INC.

FUNDING LETTER



May 31, 2014

Ms. Melanie Hill
Executive Director
Tennessee Health Services and Development Agency
500 Deaderick Street
Nashville, Tennessee 37243

**RE: Certificate of Need Application by Coram Alternate Site Services, Inc.
Establishment of a Limited Service Home Health Agency in East Tennessee (Knoxville)**

Dear Ms. Hill:

Coram Alternate Site Services, Inc. is filing the Certificate of Need (CON) application described above to become approved in 32 counties throughout East Tennessee. Coram Alternate Site Services, Inc. is a wholly owned subsidiary of Coram Specialty Infusion Services, Inc. which owns 100 percent of the Applicant's issued shares. Coram LLC is a parent of Coram Specialty Infusion Services and its ultimate parent is CVS Caremark Corporation (CVS). I hereby make the following funding commitment to Coram Alternate Site Services, Inc. on behalf of CVS for the purpose of establishing, licensing and operating the proposed limited service home health agency in East Tennessee.

The project costs identified on the Project Cost Chart in the CON application are \$98,000. CVS Caremark Corporation will fund these costs from its existing current assets (cash on hand). As the most recent 10Q of CVS indicates, CVS has in excess of \$2.7 billion cash and cash equivalents on hand as of March 31, 2014.

In addition to the commitment for the above noted project costs, CVS is also committed to providing the necessary working capital for this proposed home health agency as well as funding any operating deficits and other pre-opening costs. CVS has sufficient resources to fully fund these expenditures in addition to its other ongoing obligations. This is evidenced by CVS' balance sheet which is included as an attachment within the CON application.

Please accept this letter as confirmation of CVS Caremark Corporation commitment to fund the proposed project including the total project costs, any necessary working capital, and any operating deficits incurred in the start up through its ongoing operation. We are fully committed to the funding of this project and look forward to the successful implementation of this program.

Thank you for your consideration.

Sincerely,

Michael E. Dell
Senior Vice President, General Counsel & Secretary
Coram Alternate Site Services, Inc.

Morningstar[®] Document ResearchSM

Form 10-Q

CVS CAREMARK CORP - CVS

Filed: May 02, 2014 (period: March 31, 2014)

Quarterly report with a continuing view of a company's financial position

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EX-15.1 (LETTER RE: UNAUDITED INTERIM FINANCIAL INFORMATION)

EX-31.1 (CERTIFICATION OF CEO PURSUANT TO SECTION 302 OF THE SARBANES-OXLEY ACT OF 2002)

EX-31.2 (CERTIFICATION OF CFO PURSUANT TO SECTION 302 OF THE SARBANES-OXLEY ACT OF 2002)

EX-32.1 (CERTIFICATION OF CEO PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002)

EX-32.2 (CERTIFICATION OF CFO PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002)

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 10-Q

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Quarterly Period Ended March 31, 2014

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number 001-01011

CVS CAREMARK CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State of Incorporation)

05-0494040

(I.R.S. Employer Identification Number)

One CVS Drive, Woonsocket, Rhode Island 02895

(Address of principal executive offices)

Registrant's telephone number, including area code: (401) 765-1500

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes[X] No []

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes [X] No []

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer [X]

Accelerated filer []

Non-accelerated filer [] (Do not check if a smaller reporting company)

Smaller reporting company []

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes [] No [X]

Common Stock, \$0.01 par value, issued and outstanding at April 25, 2014:

1,169,230,063 shares

Part I

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CVS Caremark Corporation
Condensed Consolidated Statements of Income
(Unaudited)

<i>In millions, except per share amounts</i>	Three Months Ended March 31,	
	2014	2013
Net revenues	\$ 32,689	\$ 30,751
Cost of revenues	26,747	25,174
Gross profit	5,942	5,577
Operating expenses	3,918	3,883
Operating profit	2,024	1,694
Interest expense, net	158	126
Income before income tax provision	1,866	1,568
Income tax provision	737	614
Net income	\$ 1,129	\$ 954
Net income per share:		
Basic	\$ 0.96	\$ 0.77
Diluted	\$ 0.95	\$ 0.77
Weighted averages shares outstanding:		
Basic	1,180	1,232
Diluted	1,190	1,241
Dividends declared per share	\$ 0.275	\$ 0.225

See accompanying notes to condensed consolidated financial statements.

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CVS Caremark Corporation
Condensed Consolidated Statements of Comprehensive Income
(Unaudited)

<i>In millions</i>	Three Months Ended March 31,	
	2014	2013
Net income	\$ 1,129	\$ 954
Other comprehensive income (loss):		
Foreign currency translation adjustments, net of tax	9	(2)
Cash flow hedges, net of tax	1	1
Total other comprehensive income (loss)	10	(1)
Comprehensive income	\$ 1,139	\$ 953

See accompanying notes to condensed consolidated financial statements.

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CVS Caremark Corporation
Condensed Consolidated Balance Sheets
(Unaudited)

<i>In millions, except per share amounts</i>	March 31, 2014	December 31, 2013
Assets:		
Cash and cash equivalents	\$ 2,766	\$ 4,089
Short-term investments	82	88
Accounts receivable, net	9,086	8,729
Inventories	11,188	11,045
Deferred income taxes	929	902
Other current assets	409	472
Total current assets	24,460	25,325
Property and equipment, net	8,676	8,615
Goodwill	28,139	26,542
Intangible assets, net	9,986	9,529
Other assets	1,561	1,515
Total assets	\$ 72,822	\$ 71,526
Liabilities:		
Accounts payable	\$ 5,638	\$ 5,548
Claims and discounts payable	4,878	4,548
Accrued expenses	5,132	4,768
Current portion of long-term debt	565	561
Total current liabilities	16,213	15,425
Long-term debt	12,845	12,841
Deferred income taxes	4,053	3,901
Other long-term liabilities	1,499	1,421
Commitments and contingencies (Note 9)	—	—
Shareholders' equity:		
CVS Caremark shareholders' equity:		
Preferred stock, par value \$0.01: 0.1 share authorized; none issued or outstanding	—	—
Common stock, par value \$0.01: 3,200 shares authorized; 1,684 shares issued and 1,173	—	—

shares outstanding at March 31, 2014 and 1,680 shares issued and 1,180 shares outstanding at December 31, 2013	17	17
Treasury stock, at cost: 510 shares at March 31, 2014 and 500 shares at December 31, 2013	(20,919)	(20,169)
Shares held in trust: 1 share at March 31, 2014 and December 31, 2013	(31)	(31)
Capital surplus	29,985	29,777
Retained earnings	29,297	28,493
Accumulated other comprehensive loss	(139)	(149)
Total CVS Caremark shareholders' equity	38,210	37,938
Noncontrolling interest	2	
Total shareholders' equity	38,212	37,938
Total liabilities and shareholders' equity	\$ 72,822	\$ 71,526

See accompanying notes to condensed consolidated financial statements.

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CVS Caremark Corporation
Condensed Consolidated Statements of Cash Flows
(Unaudited)

<i>In millions</i>	Three Months Ended March 31,	
	2014	2013
Cash flows from operating activities:		
Cash receipts from customers	\$ 30,505	\$ 28,018
Cash paid for inventory and prescriptions dispensed by retail network pharmacies	(23,966)	(22,270)
Cash paid to other suppliers and employees	(4,196)	(3,889)
Interest received	3	1
Interest paid	(104)	(104)
Income taxes paid	(70)	(116)
Net cash provided by operating activities	2,172	1,640
Cash flows from investing activities:		
Purchases of property and equipment	(388)	(318)
Proceeds from sale-leaseback transactions	5	—
Proceeds from sale of property and equipment	5	5
Acquisitions (net of cash acquired) and other investments	(2,194)	(254)
Purchase of available-for-sale investments	(43)	—
Sales/maturities of available-for-sale investments	55	—
Net cash used in investing activities	(2,560)	(567)
Cash flows from financing activities:		
Decrease in short-term debt	—	(390)
Dividends paid	(325)	(277)
Proceeds from exercise of stock options	154	150
Excess tax benefits from stock-based compensation	37	13
Repurchase of common stock	(801)	(393)
Net cash used in financing activities	(935)	(897)
Net increase (decrease) in cash and cash equivalents	(1,323)	176
Cash and cash equivalents at beginning of period	4,089	1,375
Cash and cash equivalents at end of period	\$ 2,766	\$ 1,551
Reconciliation of net income to net cash provided by operating activities:		
Net income	\$ 1,129	\$ 954
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation and amortization	477	502
Stock-based compensation	35	34

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Deferred income taxes and other noncash items	16	66
Change in operating assets and liabilities, net of effects from acquisitions:		
Accounts receivable, net	(139)	(113)
Inventories	(64)	186
Other current assets	70	238
Other assets	(39)	(135)
Accounts payable and claims and discounts payable	339	(230)
Accrued expenses	362	114
Other long-term liabilities	(14)	24
Net cash provided by operating activities	<u>\$ 2,172</u>	<u>\$ 1,640</u>

See accompanying notes to condensed consolidated financial statements.

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CVS Caremark Corporation
Notes to Condensed Consolidated Financial Statements
(Unaudited)

Note 1 – Accounting Policies

Basis of Presentation

The accompanying unaudited condensed consolidated financial statements of CVS Caremark Corporation and its majority-owned subsidiaries (“CVS Caremark” or the “Company”) have been prepared in accordance with the rules and regulations of the U.S. Securities and Exchange Commission (“SEC”) regarding interim financial reporting. In accordance with such rules and regulations, certain information and accompanying note disclosures normally included in financial statements prepared in accordance with accounting principles generally accepted in the United States of America (“GAAP”) have been condensed or omitted, although the Company believes the disclosures included herein are adequate to make the information presented not misleading. These condensed consolidated financial statements should be read in conjunction with the audited consolidated financial statements and notes thereto, which are included in Exhibit 13 to the Company’s Annual Report on Form 10-K for the year ended December 31, 2013 (the “2013 Form 10-K”).

In the opinion of management, the accompanying unaudited condensed consolidated financial statements include all adjustments consisting only of normal recurring adjustments, necessary for a fair presentation of the results for the interim periods presented. Because of the influence of various factors on the Company’s operations, including business combinations, certain holidays and other seasonal influences, net income for any interim period may not be comparable to the same interim period in previous years or necessarily indicative of income for the full fiscal year.

Principles of Consolidation

The condensed consolidated financial statements include the accounts of the Company and its majority-owned subsidiaries. All material intercompany balances and transactions have been eliminated.

Fair Value of Financial Instruments

The Company utilizes the three-level valuation hierarchy for the recognition and disclosure of fair value measurements. The categorization of assets and liabilities within this hierarchy is based upon the lowest level of input that is significant to the measurement of fair value. The three levels of the hierarchy consist of the following:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- Level 2 – Inputs to the valuation methodology are quoted prices for similar assets and liabilities in active markets, quoted prices in markets that are not active or inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the instrument.
- Level 3 – Inputs to the valuation methodology are unobservable inputs based upon management’s best estimate of inputs market participants could use in pricing the asset or liability at the measurement date, including assumptions about risk.

As of March 31, 2014, the carrying value of cash and cash equivalents, short-term investments, accounts receivable and accounts payable approximated their fair value due to the short-term nature of these financial instruments. The Company invests in money market funds, commercial paper and time deposits that are classified as cash and cash equivalents within the accompanying condensed consolidated balance sheets, as these funds are highly liquid and readily convertible to known amounts of cash. These investments are classified within Level 1 of the fair value hierarchy because they are valued using quoted market prices. The Company’s short-term investments consist of certificates of deposit with initial maturities of greater than three months when purchased. These investments, which are classified within Level 1 of the fair value hierarchy, are carried at fair value, which approximated historical cost at March 31, 2014. The carrying amount and estimated fair value of the Company’s total long-term debt was \$13.4 billion and \$14.5 billion, respectively, as of March 31, 2014. The fair value of the Company’s long-term debt was estimated based on quoted prices currently offered in active markets for the Company’s debt, which is considered Level 1 of the fair value hierarchy.

ATTACHMENT, SECTION C,
ECONOMIC FEASIBILITY, ITEM 4

CORAM ALTERNATE SITE SERVICES, INC.

**FORECASTED UTILIZATION AND FINANCIAL
PERFORMANCE – EXISTING LICENSED PHARMACY**

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PROJECTED DATA CHART -- EXISTING KNOXVILLE OPERATIONS

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in: January (month)

BUDGET BEFORE PROJECT

Year	Year One	Year Two
A Utilization Data		
Patients	865	952
Patient Months	1,613	1,774
Patients	0	0
Nursing Visits	0	0
Infusion Patients		
Infusion Pt Months		
Home Health Patients		
Home Health RN Visits		
B Revenue from Services to Patients		
1 Inpatient Services	\$0	\$0
2 Outpatient Services	\$4,337,407	\$4,771,148
3 Emergency Services	\$0	\$0
4 Other Operating Revenue	\$0	\$0
Gross Operating Revenue	\$4,337,407	\$4,771,148
C Deductions from Gross Operating Revenue		
1 Contractual Adjustments		
2 Provision for Charity Care	\$42,945	\$47,240
3 Provisions for Bad Debt	\$129,090	\$141,999
Total Deductions	\$172,035	\$189,239
NET OPERATING REVENUE	\$4,165,372	\$4,581,909
D Operating Expenses		
1 Salaries and Wages	\$860,563	\$929,408
Benefits	\$98,506	\$106,386
2 Physician Salaries and Wages	\$0	\$0
3 Supplies	\$14,291	\$15,434
4 Taxes	\$9,187	\$9,922
5 Depreciation	\$8,226	\$8,884
6 Rent	\$131,722	\$136,991
7 Interest, Other than Capital	\$0	\$0
8 Management Fees:		
a. Fees to Affiliates	\$0	\$0
b. Fees to Non-Affiliates	\$0	\$0
P Other Expenses Specify in chart	\$2,868,727	\$3,152,354
Total Operating Expenses	\$3,991,222	\$4,359,380
E Other Revenue (Expenses - Net (Specify))		
NET OPERATING INCOME (LOSS)	\$174,150	\$222,530
F Capital Expenditures		
1 Retirement of Principal		
2 Interest		
Total Capital Expenditures	\$0	\$0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$174,150	\$222,530

Attachment

PROJECTED DATA CHART - OTHER EXPENSES

OTHER EXPENSE CATEGORIES

1	Drugs/Materials	\$2,577,923	\$2,835,715
2	Shipping/Delivery	\$128,510	\$141,361
3	Travel/Lodging	\$27,444	\$29,640
4	Operational Costs: Utilities, Telephone, Professional Fees, and Other Administrative Costs	\$134,850	\$145,638
Total Other Expenses		\$2,868,727	\$3,152,354

Attachment

PROJECTED DATA CHART --EXISTING BUSINESS PLUS NEW BUSINESS

EAST TENNESSEE (KNOXVILLE BRANCH)

Give information for the two (2) years following the completion of this proposal.

The fiscal year begins in: January (month)

Year	Year One	Year Two
A Utilization Data		
Patients	865	952
Patient Months	1,613	1,774
Patients	162	178
Nursing Visits	1,194	1,313
B Revenue from Services to Patients		
1 Inpatient Services	\$0	\$0
2 Outpatient Services	\$4,527,838	\$4,991,095
3 Emergency Services	\$0	\$0
4 Other Operating Revenue	\$0	\$0
Gross Operating Revenue	\$4,527,838	\$4,991,095
C Deductions from Gross Operating Revenue		
1 Contractual Adjustments	\$8,798	\$8,798
2 Provision for Charity Care	\$58,237	\$58,237
3 Provisions for Bad Debt	\$146,398	\$146,398
Total Deductions	\$213,433	\$213,433
NET OPERATING REVENUE	\$4,314,405	\$4,777,662
D Operating Expenses		
1 Salaries and Wages	\$970,385	\$1,053,434
Benefits	\$120,470	\$131,192
2 Physician Salaries and Wages	\$0	\$0
3 Supplies	\$19,665	\$20,666
4 Taxes	\$9,187	\$9,922
5 Depreciation	\$8,226	\$8,884
6 Rent	\$13,722	\$13,691
7 Interest, Other than Capital	\$0	\$0
8 Management Fees:		
a. Fees to Affiliates	\$0	\$0
b. Fees to Non-Affiliates	\$0	\$0
P Other Expenses Specify in chart	\$2,899,185	\$3,185,858
Total Operating Expenses	\$4,158,271	\$4,546,966
E Other Revenue (Expenses - Net (Specify))	\$0	\$0
NET OPERATING INCOME (LOSS)	\$156,134	\$230,696
F Capital Expenditures		
1 Retirement of Principal	\$0	\$0
2 Interest	\$0	\$0
Total Capital Expenditures	\$0	\$0
NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	\$156,134	\$230,696

Attachment

PROJECTED DATA CHART - OTHER EXPENSES

OTHER EXPENSE CATEGORIES

1	Drugs/Materials	\$2,577,923	\$2,835,715
2	Shipping/Delivery	\$128,510	\$141,361
3	Travel/Lodging	\$27,444	\$29,640
4	Operational Costs: Utilities, Telephone, Professional Fees, and	\$134,850	\$145,638
5	Mileage	\$30,458	\$33,504
6			
7	Total Other Expenses	\$2,899,185	\$3,185,858

Attachment

ATTACHMENT, SECTION C,
CONTRIBUTION TO ORDERLY DEVELOPMENT,
ITEM 7(b)

CORAM ALTERNATE SITE SERVICES, INC.

JOINT COMMISSION LETTER



August 5, 2013

Ruth Ann Ellison
Vice President Clinical Regulatory Compliance
Apria Healthcare, Inc
26220 Enterprise Court
Lake Forest, California 92630

HCO ID: #439173

Dear Ms. Ellison:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual noted below:

- Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning May 11, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Services provided by your organization: Home Health, Ambulatory Infusion, Pharmacy Dispensing, and/or Clinical Consultant Pharmacist Services.
Sites accredited:

Coram Healthcare Corporation of Alabama, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 300 Riverhills Business Park Suite 390, Birmingham, AL 35242
Coram Alternate Site Services, Inc., 1519 S Bowman Road Suite C, Little Rock, AR 72211
Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 4310 East Cotton Center Blvd Suite 110, Phoenix, AZ 85040
Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 6375 East Tanque Verde Road Suite 50, Tucson, AZ 85715
Kern Home Health Resources dba Coram Healthcare, 3101 Sillect Avenue Suite 109, Bakersfield, CA 93308
Coram Healthcare Corporation of Southern California, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 5571 Ekwil Street Suite A- B, Goleta, CA 93111
Coram Healthcare Corporation of Northern California, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 3160 Corporate Place, Hayward, CA 94545
Coram Healthcare Corporation of Southern California, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2710 Media Center Drive Bldg #6 Ste 150, Los Angeles, CA 90065
Coram Healthcare Corporation of Southern California, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 4355 East Lowell Street Suite C, Ontario, CA 91761
www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



The Joint Commission

Coram Healthcare Corporation of Northern California, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 9332 Tech Center Drive Suite 100, Sacramento, CA 95826
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 12310 World Trade Drive Suite 100, San Diego, CA 92128
 Coram Healthcare Corporation of Northern California, dba Coram Specialty Infusion Services, an Apria Healthcare Company 1635 Divisadero Suite 135 San Francisco, CA 94115
 Coram Healthcare Corporation of Southern California, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 3002 Dow Avenue Suite 104, Tustin, CA 92780
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 12450 East Arapahoe Road Suite A1, Centennial, CO 80112
 Coram Clinical Trials, Inc., 555 17th Street Suite 1500, Denver, CO 80202
 Coram LLC 555 17th Street Suite 1500, Denver, CO 80202
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2 Barnes Industrial Park Road South Suite A, Wallingford, CT 06492
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 9143 Philips Highway Suite 300, Jacksonville, FL 32256
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 555 Winderley Place Suite 300, Maitland, FL 32751
 Coram Healthcare Corporation of Southern Florida, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 11948-50 Miramar Parkway, Miramar, FL 33025
 Coram Healthcare Corporation of Florida, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 8508 Benjamin Road Suite C Tampa, FL 33634
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 3416 Jenks Avenue Suite A, Panama City, FL 32405
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 3439 North 12th Avenue Suite A & B, Pensacola, FL 32503
 Coram Alternate Site Services, Inc. dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1 NE 1st Avenue Suite 202, Ocala, FL 34470
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2140 New Market Parkway Suite 106, Marietta, GA 30067
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 3513 Vine Court, Davenport, IA 52806
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 11660 West Executive Drive, Boise, ID 83713
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2022 Glen Park Drive, Champaign, IL 61821
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1471 Business Center Drive Suite 500, Mount Prospect, IL 60056
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 11711 North College Avenue Suite 125, Carmel, IN 46032-5601
 Coram Healthcare Corporation of Indiana, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1290 Arrowhead Court Suite A, Crown Point, IN 46307
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 431 Fernhill Avenue, Fort Wayne, IN 46805
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 8013 Flint Street, Lenexa, KS 66214
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 8201 East 34th Street Circle North Suite 905, Wichita, KS 67226
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 115 James Drive West Suite 100, St. Rose, LA 70087
 Coram Healthcare Corporation of Massachusetts, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 575 University Avenue Suite 2, Norwood, MA 02062
 Coram Healthcare Corporation of Greater D.C., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 7150 Columbia Gateway Drive Suite E, Columbia, MD 21046

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 Oakbrook Terrace, IL 60181
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The Joint Commission

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 12 Northbrook Drive, Building B, Suite #1, Falmouth, ME 04105

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 4334 Brockton Drive SE Suite D, Kentwood, MI 49512

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 28550 Cabot Drive Suite 200, Novi, MI 48377

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2345 Waters Drive, Mendota Heights, MN 55120

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services an Apria Healthcare Company, 2901 Frontage Road South 10 Highway East Suite 7, Moorhead, MN 56560

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2900 Falling Leaf Lane Suite 101, Columbia, MO 65201

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 8248 Lackland Road Suite 101, St Louis, MO 63114

Coram Healthcare Corporation of Mississippi, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2929 Layfair Drive Suite 100, Flowood, MS 39232

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 30 Garfield Street Suite B, Asheville, NC 28803

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 9401-J Southern Pine Blvd, Charlotte, NC 28273

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 507 Airport Blvd Suite 100, Morrisville, NC 27560

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 11111 Mill Valley Road, Omaha, NE 68154

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 11 H Commerce Way, Totowa, NJ 07512

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 7400 Washington Street NE, Albuquerque, NM 87109

Coram Healthcare Corporation of Nevada, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1951 Ramrod Avenue Suite 110, Henderson, NV 89014

Coram Healthcare Corporation of Nevada, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 101 North Pecos Road Suite 106, Las Vegas, NV 89101

Coram Healthcare Corporation of Nevada, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 6490 South McCarran Blvd Suite 29, Reno, NV 89509

Coram Healthcare Corporation of Greater New York, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 12 Jupiter Lane, Albany, NY 12205

Coram Healthcare Corporation of Greater New York, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 375 North French Road Suite 108, Amherst, NY 14228

Coram Healthcare Corporation of Greater New York, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 744 Ulster Avenue Suite #1, Kingston, NY 12401

Coram Healthcare Corporation of Greater New York, 45 South Service Road, Plainview, NY 11803

Coram Healthcare Corporation of Greater New York, 97 -77 Queens Blvd Suite 1100, Rego Park, NY 11374

Coram Healthcare Corporation of Greater New York, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2949 Erie Blvd East Suite 103, Syracuse, NY 13224

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 4060 Business Park Drive Suite 101, Columbus, OH 43204-5023

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 4305 Mulhauser Road Suite 1, Fairfield, OH 45014

Coram Alternate Site Services, Inc., dba Toledo IV Care, 4060 Technology Drive, Maumee, OH 43537

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 6565 Davis Industrial Parkway Suite AA, Solon, OH 44139

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 235 North MacArthur Boulevard Suite 100, Oklahoma City, OK 73127

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The Joint Commission

Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 7358 SW Durham Road, Portland, OR 97224
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 220 Executive Drive Suite 500, Cranberry Township, PA 16066
 CoramRX, LLC, 4 Spring Mill Drive, Malvern, PA 19355
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 6 Spring Mill Drive, Malvern, PA 19355
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 155 N Donnerville Rd Ste 1, Mountville, PA 17554
 Coram Healthcare Corporation of Massachusetts, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1240 Pawtucket Avenue, East Providence, RI 02916
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 5955 Core Ave Suite 512, North Charleston, SC 29406
 Coram Healthcare/Carolina Home Therapeutics, 720 Gracern Road Suite 123, Columbia, SC 29210
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1828 Midpark Rd Ste D, Knoxville, TN 37921
 Coram Alternate Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1680 Century Center Parkway Suite 12, Memphis, TN 38134
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 2970 Sidco Drive, Nashville, TN 37204
 Coram Alternate Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 1905-A Kramer Lane Suite 500, Austin, TX 78758
 Coram Healthcare Corporation of North Texas, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 10105 Technology Blvd West Suite 102, Dallas, TX 75220
 Coram Alternate Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 7365 Remcon Circle Suite A-102, El Paso, TX 79912
 Coram Alternate Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 10611 South Sam Houston Parkway West Suite 200, Houston, TX 77071
 Coram Alternate Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 10118 Huebner Road, San Antonio, TX 78240
 Coram Healthcare Corporation of Utah, dba Coram Specialty Infusion Services, an Apria Healthcare Company, 120 West Vine Street Suite 140, Murray, UT 84107
 Coram Healthcare Corporation of Greater D.C., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 4115 Pleasant Valley Road Suite 200, Chantilly, VA 20151
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 14935 NE 87th Street Suite 101, Redmond, WA 98052
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 720 Olive Way Suite 815, Seattle, WA 98101-1836
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 520 E. North Foothills Drive Suite 400, Spokane, WA 99207
 Coram Alternate Site Services, Inc., dba Coram Specialty Infusion Services, an Apria Healthcare Company, 5345 South Moorland Road Suite 101, New Berlin, WI 53151

Please be assured that the Joint Commission will keep the report confidential, except as required by law. To ensure that the Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision. Please visit Quality Check® on the Joint Commission web site for updated information related to your accreditation decision.

www.jointcommission.org

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 One Renaissance Boulevard
 Oakbrook Terrace, IL 60181
 630 792 5000 Voice

195



If I can be of further assistance I can be reached at (630) 792-5732.

Sincerely,

Kenneth M. Gauss

Kenneth M. Gauss
Senior Account Executive, Team 3
Accreditation and Certification Operations

cc: Correspondence File

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ATTACHMENT, SECTION C,
CONTRIBUTION TO ORDERLY DEVELOPMENT,
ITEM 7(d)

CORAM ALTERNATE SITE SERVICES, INC.

**MOST RECENT INSPECTION OF THE
KNOXVILLE BRANCH**

AGENCY INSPECTION DAILY SUMMARY WORKSHEET

Must be completed for each inspection day

INSTRUCTIONS:

UPON INSPECTOR'S ARRIVAL, TAKE THE FOLLOWING ACTIONS:

1. Receptionist Responsibilities
 - 1.1. Request the inspector to sign the visitor log. Contact the branch manager or designee.
 - 1.2. Once the receptionist has escorted the inspector away from the reception area, alert branch team leaders/supervisors that an inspector is on-site.
2. Branch Manager or Assigned Inspection Liaison Responsibilities
 - 2.1. Greet the inspector and request inspector's identification or credentials
 - 2.2. Seat the inspector in a private area. Remain with the inspector at all times and coordinate requests for information. Do not leave the inspector alone until they leave the property after conclusion of the inspection. Do not allow the inspector to tour the building or interview staff without the branch manager or assigned inspection liaison.
 - 2.3. Advise the inspector that you need to contact corporate management of the inspection prior to beginning the inspection. Contact the following prior to proceeding with the inspection:
 - 2.3.1. Agency Inspection Management (AIM) HOT LINE: 949-587-1648 or notify via E-MAIL to DL-Agency Inspection Management. Provide (1) location name, (2) Branch Manager name or designated caller, and (3) phone number, (4) reason for the inspection (routine, complaint, new site)
 - 2.3.2. Division/area management
3. ACTIONS TO TAKE DURING INSPECTION:
4. Contact the AIM representative:
 - 4.1. For assistance with ANY question during the course of the inspection
 - 4.2. Anytime there is concern that the inspector is going to issue observational findings
 - 4.3. To notify them of the exit conference. The AIM representative will participate in the exit conference whenever possible.
5. Monitor activities of inspector at all times including staff interviews, tours and patient visits if scheduled. Provide only records that are requested. For example, if the inspector requests medical gas records, ask what dates the inspector would like to review.
6. Inspection of documents - See item 6.3 below for instructions on preparation of copies that may be requested by the inspector
 - 6.1. Infusion - Locations should contact the AIM representative or corporate designee when the investigator requests documents.
 - 6.2. HME and Infusion - Locations should contact the AIM representative or corporate designee if the inspector request samples.
 - 6.3. HME and Infusion - Prior to release of documents to the inspector, the following must be completed:
 - 6.3.1. Mark all documents "Confidential"
 - 6.3.2. Make 3 copies of each document provided to the inspector. Submit one copy along with the summary section of this form to the AIM representative. The second copy will be retained by the branch with the on-site inspection records.
7. Requests for photos/video or samples - The company discourages inspectors' requests to obtaining photos/video or samples. The branch manager must contact the AIM representative or corporate contact assigned to your inspection prior to proceeding with these requests.

- 7.1. If the inspector takes any photos, use a digital or vehicle accident kit camera (if available) to take the same view and angle of photo as taken by the inspector.
- 7.2. Complete GEN-035 A4 for sample requests.

AGENCY INSPECTION MANAGEMENT Daily Summary Worksheet

Please complete all applicable sections of this worksheet which addresses the types of inspection information and documentation that was collected during the inspection.

COMPLETE DAILY SUMMARY AND FAX TO: #949-238-3900 OR ALTERNATE FAX NUMBER PROVIDED BY DESIGNATED AIM REPRESENTATIVE AT THE END OF EACH DAY OF THE INSPECTION.

Branch location: Knoxville Cost center #: 4721 Inspection date(s): 2/28/2013
 Branch manager: Wade Register, PharmD Managers designee:
 Inspection agency: TN BOP Inspector(s) name: REBECCA MOAK
 Inspector(s) badge number: Inspection reason: Routine annual inspection

Facility Inspection Observations/Comments

LIST DOCUMENTS REVIEWED - LIST ALL DOCUMENTS REVIEWED INCLUDING P&P, LICENSES AND RECORDS

DOCUMENT	NOTES/COMMENTS
1. Pharmacists TN license	
2. Technicians TN license	
3. Pharmacy TN license	
4. DEA Form 222 (used) and invoices	
5. QI Binder-aseptic validation, media fills, ENV inspect, etc	Most emphasis from visit was on sterile compounding testing, compliance and certification.
6.	

WAREHOUSE/EQUIPMENT PM REVIEW:

EQUIPMENT TYPE / SERIAL #	NOTES / COMMENTS
1. n/a	
2.	
3.	
4.	
5.	
6.	

PHARMACY REVIEW:

ENTER NOTES OF LICENSED PHARMACY AREA / INTERVIEW WITH PHARMACY STAFF

n/a

STAFF MEMBERS INTERVIEWS: (Enter the name and job title of all staff members who participated in the interview process.)

STAFF NAME / POSITION	
1. Wade Register / BIM	4.
2.	5.
3.	6.

CHARTS/RECORDS REVIEWED: (Enter the pt ID# of all charts reviewed). Retain a copy of any materials the inspector copies.

PATIENT ID#	PATIENT ID#	PATIENT ID#	PATIENT ID#
1. n/a	3.	5.	7.
2.	4.	6.	8.

HR FILE REVIEW (ENTER THE INITIAL OF EACH EMPLOYEE FILE REVIEWED):

EMPLOYEE INITIAL / JOB TITLE	EMPLOYEE INITIAL / JOB TITLE
1. n/a	4.
2.	5.
3.	6.

PATIENT HOME VISITS: THE MANAGER OR SUPERVISOR MUST ACCOMPANY THE INSPECTOR AND CLINICIAN/STAFF ON ALL HOME VISITS. THERE SHOULD BE NO EXCEPTIONS. INSPECTOR TO DRIVE OWN VEHICLE AND NEVER RIDE WITH STAFF.

PATIENT ID	STAFF OBSERVED (INITIALS)	Vehicle Inspected: Y or N	COMMENTS
1. n/a			
2.			
3.			
4.			

Questions Asked by the Inspector: Routine regulatory questions with emphasis on sterile compounding.

Comments Made by the Inspector: "This is the most organized and well tested compounding pharmacy I have seen yet"

Inspector Allegations of Non-Compliance: n/a

Outstanding Issues to be Resolved: n/a

SITE INSPECTION FINAL EXIT / Daily Briefing CONFERENCE

FAX THIS PAGE AT THE CONCLUSION OF THE INSPECTION to: the AIMS representative, Clinical Regulatory Compliance Department, Apria Healthcare 949.238.3900 or to the fax number provided by the designated AIMS representative.

Conference Type - Check one

☐ Daily Briefing

☒ Final Exit

1. Notify Corporate AIM Manager to attend conference by phone
2. Do not sign any inspection report, affidavit, receipt for product samples, or devices taken by inspector **WITHOUT** approval from the AIM representative.
3. Ensure copies of all documents have been marked with confidential marking

In the event of a multiple day inspection, complete this document if a daily briefing is held: Note any compliance issues that appear to be trending. Identify any outstanding issues or documents that are pending (i.e., clinical charts, equipment PM records, HR training, or other records or faxes from another office)

LIST OF ATTENDEES:

NAME	POSITION / TITLE / COMPANY
1.	
2.	
3.	

EXIT CONFERENCE FINDINGS, COMMENTS & ISSUES ONLY

Questions Asked by the Inspector:

Comments Made by the Inspector:

Inspector Allegations of Non-Compliance:

Other Comments/Information:

POST Inspection Actions:

1. Send the AIMS representative copies of all documents provided by the inspector (i.e. business card, notice of inspection, inspection report) AND copies of any documents/photos taken by inspector.
2. Report any post inspection contacts made by the inspector or agency to the AIM representative
3. **ALL** written communications and/or responses to inspections agencies will be prepared and approved by the AIMS representative.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
Division of Health Related Boards



REBECCA MOAK, R.Ph.
Pharmacy Investigator

227 French Landing Drive
Suite 300
Nashville, TN 37243
Ⓢ

Office: 615-253-1309
Fax: 615-741-2722
E-Mail: rebecca.moak@tn.gov



DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
INSTITUTIONAL
COMPLIANCE INSPECTION

PHARMACY	
Coram Alternate Site Services, Inc. DBA Coram	
STREET Specialty Infusion Services	
1828 Mid Park Drive suite D	
CITY	ZIP
Knoxville	37921
LICENSE NO.	EXPIRY DATE
3278	11/30/14
DEA NO.	EXPIRY DATE
BA 8782775	8/31/14
PHONE NUMBER	
(865) 450-2380	

Compliance		PHARMACY AREA
Yes	No	
✓		1. License certificates of the pharmacy/pharmacists displayed
✓		2. Personnel and their apparel clean/sanitary.
✓		3. Pharmacist to tech ratio (max. 2:1)
✓		4. Tech registry & Affidavit
✓		5. Adequate space: Counter _____ sq.ft Pharmacy _____ sq.ft
✓		6. Hot and cold running water in pharmacy.
✓		7. Immediate area refrigeration provided
✓		8. Required reference books, periodicals.
✓		9. Compounding areas, shelves & drug stock clean
✓		10. All drugs in-date and properly labeled
✓		11. Drugs stored under proper environment, segregation and security.
✓		12. Schedule II drugs securely stored up to under second lock
✓		13. Access to drug storage areas limited to authorized personnel

Compliance		PARENTERAL MEDICATIONS
Yes	No	
✓		14. References, periodicals
✓		15. Vials and closures (child-proof)
✓		16. Shelves and drug stock clean
✓		17. Drugs in-date

Compliance		REPACKAGING
Yes	No	
✓		18. Labeling: _____ Drug name, strength and quantity. _____ Manufacturer's name and lot number. _____ Expiration date. _____ Advisory statements.
✓		19. Record of manufacturer and lot number by batch number if used.
✓		20. Adequate procedures, supplies and equipment.

Compliance		WRITTEN POLICIES & PROCEDURES
Yes	No	
✓		21. Pharmaceutical services committee meets frequently.
✓		22. Detailed policy and procedures.

INVESTIGATOR		DATE	
Rebecca Moade		2/28/13	
<input type="checkbox"/> Opening	<input type="checkbox"/> Relocation	<input type="checkbox"/> New Ownership	
<input type="checkbox"/> Follow-up	<input checked="" type="checkbox"/> Periodic	<input type="checkbox"/> Remodeling	
DIRECTOR		LIC. NO.	EXPIRY DATE
Martin Wade Register, Jr		10199	6/30/13
ASST. DIRECTOR		LIC. NO.	EXPIRY DATE
NO. of PHARMACISTS ON STAFF: 2			
NO of TECHNICIANS ON STAFF			
MAXIMUM BED CAPACITY			

Compliance		EMERGENCY ACCESS TO PHARMACY
Yes	No	
✓		23. Access limited to authorized personnel
N/A		24. Record of drugs removed: _____ Date and time of removal of removal of drugs. _____ Patient's name and location. _____ Name, strength, dosage form, and quantity of drug removed. _____ Signatures of nurse and accompanying Individual. _____ Direct copy of physician's order left with the record. _____ Record maintained for at least 2 years.

Compliance		PHYSICIANS' ORDERS
Yes	No	
✓		25. Direct copy initialed and kept at pharmacy for patient stay, then original maintained in institution patient records for legal time.

Compliance		INPATIENT DISPENSING
Yes	No	
✓		26. Medication labeled with drug name and strength, and patient's name and location unless unit-dose.
✓		27. Dispensing recorded on patient medication profiles
✓		28. Unit-doses dispensed in individual patient tray, drawers, etc. bearing the patient's name and location.
✓		29. Drug delivery system secure
✓		30. Record of drugs dispensed. _____ Name and dosage form of the drug _____ Date of dispensing. _____ Quantity dispensed. _____ Identity of the dispensing pharmacist documented. _____ Patient's name. _____ Record uniformly maintained by the institution for at least two years.
✓		31. Control sheets: _____ Controlled drug name, strength, dosage form. _____ Date and time of administration. _____ Quantity administered. _____ Patient's name. Prescriber's name. _____ Signature of the administering nurse. _____ Sheets verified upon return to the pharmacy, and compared to pharmacy's record of distribution. _____ Sheets maintained at the pharmacy for at least 2 years

Compliance		CONTROLLED SUBSTANCE RECORDS
Yes	No	
✓		32. Readily retrievable, with Schedule II records filed separately
✓		33. DEA Form 222 Copy 3's on hand and completed.
✓		34. Drug receipt date recorded on invoices
✓		35. Record of drugs transferred to other pharmacies/practitioners
✓		36. Last DEA inventory. (Inventory date 1/2/13) Signed _____
✓		37. Theft/loss reports. (Date of last theft or loss): _____

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Pharmacy

Rebecca Mook / DBA / Core Specialty Infusion

Date

2/28/13

Compliance		OUTPATIENT DISPENSING
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. Prescriptions filed correctly, with proper use of red "C"
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Prescription data: _____ Serial number. _____ Date issued. _____ Name of patient, prescriber and drug. _____ Quantity prescribed. _____ Directions for use: _____ Refill instructions. _____ Verbal prescriptions initiated by the receiving pharmacist.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Original dispensing data: _____ Date. _____ Quantity. _____ Initials of the dispensing pharmacist.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. Refill histories uniformly maintained on _____ back of prescriptions, or on _____ patient profiles, or by _____ computer.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. Refill data: _____ Date. _____ Quantity. _____ Initials of pharmacist.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	43. Refills conform to instructions and dosage directions.

Compliance		UNUSED DRUGS
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	44. Destroyed unless unit-dose or unopened commercial container
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Record of destruction of controlled substances: _____ Patient's name. _____ Drug name, strength, dosage form and quantity. _____ Date, reason and method of destruction. _____ Pharmacist's signature. _____ Signature of nurse, pharmacist, or physician witnessing the destruction and its record. _____ Record maintained for 2 years.

Compliance		MONTHLY INSPECTIONS
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	46. Record: _____ Dated. _____ Signed. _____ Maintained for at least 2 years.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	47. Drugs inspected at all areas of the institution.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Inspection includes all regulations.

Compliance		MEDICINE CARTS & CABINETS
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	49. Access limited to authorized personnel.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	50. Drugs stored under proper environment, segregation and security.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	51. Schedule II drugs under second lock.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	52. All drugs in-date and properly labeled.

Compliance		EMERGENCY KITS/CARTS
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	53. Kits sealed and stored under proper security.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	54. Exterior listing showing drug name, strength, quantity and expiration date.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	55. Contents: All drugs, in-date and properly labeled.

Compliance		NIGHT CABINETS
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	56. Substantially constructed and located outside the pharmacy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	57. Access limited to authorized personnel.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	58. Drugs stored under proper environment, segregation and security.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	59. All drugs in-date and properly labeled.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	60. Each drug container limited to 24-hour supply.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	61. Record of use: _____ Date and time of removal of drug. _____ Patient's name and location. _____ Name strength, dosage form, and quantity of drug removed. _____ Signature of nurse supervisor removing the drug. _____ Direct copy of physician's order left with the record. Record kept for at least 2 years.

Compliance		MECHANICAL DEVICES
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	62. Drugs stored under proper environment and security.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	63. All drugs in-date and properly labeled.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	64. Access to drug storage section limited to pharmacist.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Record of use: _____ Date of removal of drug. _____ Name, strength, dosage form, and quantity of drug removed. _____ Name of patient. _____ Identification of nurse removing drug. Record retained at the pharmacy for at least 2 years.

Compliance		EMERGENCY ROOMS
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. Drugs stored under proper environment, segregation and security.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Access to drugs restricted to authorized personnel.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. All drugs in-date and properly labeled.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	69. Controlled drugs limited to 100 dosage units each.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	70. Controlled substance administration record kept for 2 years.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	71. Outpatient containers limited to 12-hour supply of medication

RESPONSE REQUIRED YES ☐ NO ☐

ITEMS TO BE CORRECTED:

Immediately _____
 Needs Improvement _____
 Within 30 Days _____

Remarks or Recommendations: Hand Certification 2/13/13 797 compliant.
All standards for sterile compounding met.

I hereby acknowledge and understand all notations made on this report: and confirm that I will notify the Board of Pharmacy within 30 days in writing, of the corrections of all deficiencies.

Administrator

Date

Pharmacist

Date

(Return copy to Pharmacy Board Office, 227 French Landing, Suite 300, Nashville, TN 37243 within ten (10) working days.)

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SUPPLEMENTAL - #1

-Copy-

CORAM SPECIALTY INFUSION

CN1406-017



333 commerce street, suite 1500
nashville, tennessee 37201
phone: 615.256.0500 fax: 615.251.1059
h3gm.com

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SUPPLEMENTAL #1

June 20, 2014

12:06 pm

June 20, 2014

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Certificate of Need Application CN1406-017
Applicant's Response to Request for Supplemental Information

Dear Mr. Earhart:

We are in receipt of the Agency's Request for Supplemental Information. Please accept this as the Applicant's response to the same. Mr. Dell's Affidavit is attached hereto as Exhibit A.

1. Section A, Applicant Profile, Item 4

The license provided for Coram Specialty Infusion Services in Attachment, Section A, Item 4.3 is noted. However, the license is out of date (expires January 30, 2014). Please provide a copy of an updated license.

Attached are the updated licenses for the Knoxville pharmacy in Attachment to Question #1.

2. Section A, Applicant Profile, Item 6

It appears the proposed home health office lease is for 5 years (60 months). If so, please indicate the number of years in the block in question 6.C. and submit a replacement page.

Attached is a replacement page reflecting the five year lease in Attachment to Question #2.

3. Section A, Applicant Profile, Item 12 and 13

The applicant indicates in item 12 certification will not be sought for Medicare and/or Medicaid. However, in item 13 the applicant indicates this project involves the treatment the TennCare participants. Please clarify.

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Page 2

Why has the applicant decided not to provide in-home infusion services to TennCare/Medicare enrollees?

Please clarify if TennCare and/or Medicare enrollees will be provided infusion services as out-of-network or under some other arrangement.

If the applicant does not plan not to provide home health infusion nursing services to TennCare/Medicare enrollees, where would enrollees be referred for those services? If a home health provider is not located, would an enrollee be required to travel on-site for infusion services? Please be specific.

On page 29 the applicant has documented difficulties in meeting the infusion nursing needs of its infusion therapy patients. Do these difficulties only apply to non-TennCare and Medicare patients? Please clarify how a non-homebound patient who needed infusion services would receive those services.

What is the current patient mix of the applicant's current Nashville home health organization located in Middle Tennessee?

Although the Applicant will not seek certification as a Medicare home health agency or enroll in TennCare it will on occasion treat Medicare-covered and TennCare covered infusion patients, and either bill the patient a self-pay rate private nursing visit, or, if the patients qualify (which most TennCare patients do) apply the visit to the Applicant's charity care pool and bad debt policy. The vast majority of the Medicare/TennCare infusion patients that the Applicant will treat are not considered "home bound," a finding necessary to support billing those programs for home health services. The patient's infusion drugs and therapies are, however, covered by Medicare/TennCare and the Applicant's pharmacy bills those programs for those medications and therapies. The difficulties its patients and their primary care providers encounter in securing nursing services to support delivery of the infusion therapies in the home is not necessarily unique to Medicare/TennCare, but those programs do require the patient be considered home-bound in order to bill those programs. As a result, existing agencies typically will not see those patients because they cannot get paid. If the Applicant's CON is approved, it will see these non-home bound patients, and bill them at our self-pay rates for the nursing service, or apply the visit to the Applicant's charity care or bad debt policy.

The Nashville home health patient mix for calendar year 2013 is as follows:

Nashville Limited Service Home Health Agency Patients by Payor	
Commercial	84.9%
Self-Pay (*)	11.1%
Government (VA/TriCare)	4.0%
Total	100.0%

() Some of these patients are Medicare but not homebound; they will become either self-pay/bad debt or charity care write off.*

4. Section B, Project Description, Item I

The applicant is proposing to add one full time RN to provide home health infusion services to 162 patients representing 1,194 RN visits in Year One. Please clarify how this is possible.

What is the typical length of an infusion home health infusion visit?

On page 95 of the application, the applicant projects 1.46 RN FTEs in Year One. If necessary, please revise.

Please provide an overview of how home health infusion staff will be distributed in the 32 proposed counties.

Please clarify the relationship between Coram and Apria Healthcare.

If approved, please clarify if the applicant will subcontract any home health services associated with this application.

Based on the estimated number of nursing hours required for the 162 patients, there is budgeted 1.46 full-time equivalent RNs for Year One. These nurses will provide 2,901 hours of nursing care during that period. The nursing will be provided from a pool of 8 to 15 nurses located throughout the region. It is anticipated that one of these 8 to 15 nurses will be a full time nurse and will be supplemented by numerous hourly/pool staff located throughout East Tennessee. Staffing will be adjusted and needs met based on patient locations throughout the East Tennessee Service Area.

The typical length of a home health visit is 1 or so hours for non-specialty patients and 3 to 5 or 6 hours for specialty patients. Some of the specialty patients require visits for their entire lives, and are not short-term patients.

Coram was previously/formerly an indirect subsidiary of Apria Healthcare. On January 16, 2014, an affiliate of CVS Caremark Corporation acquired 100 percent of the voting interests of Coram LLC and its subsidiaries

Phillip M. Earhart
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Page 4

(collectively, "Coram"), the specialty infusion services and enteral nutrition business unit of Apria Healthcare Group Inc. Thereby, as of January 16, 2014 Apria Healthcare Group, Inc, and its operating subsidiary, Apria Healthcare, LLC have no ownership rights or affiliation with Coram, neither operationally nor structurally. Please refer to the Organizational Chart in the CON Application. Any reference to Apria in CN1406-017 should be deleted.

The Project Chart identifies services provided by all nursing staff (pool and employees) based on hours of care and number of patients. If necessary, some of these services may be subcontracted but that is not the intent at this time as the limited service agency is designed to treat patients the other home health agencies will not accept.

5. Section B, Project Description, Item III (Plot Plan)

The plot plan is noted. Please provide a plot plan that indicates size of the site (in acres).

Attached is an updated plot plan indicating the number of acres at 1.51 acres (See Attachment to Question #5).

6. Section B, Project Description, Item V (Home Health Agency)

Does the applicant propose any branch offices?

The inclusion of the Middle Tennessee counties of Van Buren and Moore in this application due to a technicality related to the official newspaper publication requirements when CN1205-020A was filed is noted. However, please describe how these two counties will be logistically served out of the Knoxville office.

Did the applicant consider filing a CON application to expand the service area of the Nashville agency by adding Moore and Van Buren counties?

Please clarify the reason the applicant did not file a Certificate of Need to add Moore and Van Buren counties to the existing 40 county Middle Tennessee home infusion home health agency Coram Alternate Site Services, CN1205-050A, which would allow those counties to be served out of the closer Nashville office.

While the applicant will have a physical agency adjacent to its existing infusion pharmacy, its employed and contracted nursing personnel will be dispatched to the patient from their home or contract agency. Infusion therapies will be dispatched via secure overnight courier to the patient's home, which the nurse will collect and administer. The physical agency in Knoxville itself will serve as the location for patients to place their inquiries

for service, and house the agency's medical records. The applicant believes patients in Van Buren and Moore counties can be equally served from the Knoxville office as the Nashville office because the Applicant's nurses are not generally dispatched from the agency office, but rather directly from home.

7. Section C, Need, Item 1., 5 Principals for Achieving Better Health

The applicant states patients will be trained in self-care and administration. Please discuss what is included in self-care and administration of infusion products and services. Please describe the oversight that will be provided by the applicant in this arrangement.

Self-care and administration indicates the patient (and/or caregiver) fully understands the patient plan of care and has mastered proficiency for performing and managing the prescribed therapy. When it becomes apparent that the patient or caregiver requires further education or when a new or existing caregiver requires further instruction, Coram is aware of this almost immediately due to its oversight of the patient and its clinical nursing team who work on the pharmacy (not home health) side of the business.

Coram adopts a specific policy to describe the patient education process to ensure that patients/caregivers receive training and education in a manner that meets their language, reading and comprehension needs. Patients admitted to service shall receive Coram educational materials pertinent to the therapy prescribed, administration procedures and self-care instructions. Patient education and teaching documentation is audited as part of the clinical chart audit on a routine basis. Patient education tools shall be reviewed at least annually and updated to maintain current standards.

Patients and/or their caregiver(s) are assessed prior to initiating the educational process for their ability to comprehend the teaching tools provided. This assessment includes the patient and/or caregiver's readiness to learn, barriers to learning, cultural and spiritual practices and language barriers that may require a revised approach to patient education. As part of this process age, culture, language, physical impairment, literacy, education method, cognitive alertness, emotional state, motivation and knowledge are considered.

The education of self-care and administration begins upon admission to service. Patient education and teaching is ongoing, based upon the patient assessment and compliance with the plan of care, response to therapy

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and proficiency for performing and managing the prescribed therapy. Ongoing patient education is provided any time the therapy regimen or self-administration procedures change, when it becomes apparent that the patient or caregiver requires further education or when a new or existing caregiver requires further instruction. For those patients who do not receive home nursing care from Coram nurses, education will be provided by an admissions clinician. Patients who have received therapy and access management instructions from the hospital clinical staff or physician's office prior to admission to Coram services and/or patients who have received home infusion services previously, will have their competency verified. A Coram clinician will contact the patient or caregiver for a verbal review of the process to be performed.

8. Section C, Need, Item 1.a. (Project Specific Criteria-Home Health Services) (1.-4.)

The applicant states no existing HHA will consider administering First Dose Therapies and will only treat established infusion therapy patients. Please discuss the reasons why this is so.

The applicant provides a study of existing home health agencies in the proposed service area. Please provide the number of home health agencies polled, the response rate of those home health agencies contacted, the method (telephone, mail, etc.), and tool (interview, questionnaire, etc.) for each study area.

In conducting the studies on page 35 of the application, did Coram reveal to the Home Health Agencies polled the data would be used to file for a home health certificate of need for infusion services?

Based on the data initially submitted in the application, the applicant has submitted information which shows a sizeable surplus of home health services to the projected need for CY 2018 in the each of the 32 counties and the service area as a whole. Please discuss why the applicant feels there is a need for an additional home health service agency at this time.

The chart of 2013 home health visits per 100 population by service area county on page 42 is noted. The chart reveals Hancock County has a rate of 10 visits per 100 population, almost tripling the visits of the other 31 counties in the proposed service area. What factors does the applicant see that attributes to Hancock County being an outlier in home health utilization?

Existing HHAs do not provide First Dose Therapies as a result of the fact they do not have policies in place to support safe administration of first

lifetime dose. In contrast, Coram has a first-dose policy that screens patients for safe administration of this first dose in the home.

Regarding the home health survey conducted, it was a telephonic poll of existing home health agencies. The caller identified herself as a Coram employee. Contact like this is not unusual, because Coram employees regularly contact area home health agencies to solicit home health agencies to support Coram pharmacy patients. The Coram representative did not mention the possibility that the Applicant would be filing a CON application.

There are 82 licensed agencies in East Tennessee, of which 81 admitted at least one patient during the past three years. However, some of these agencies have more than one branch office, resulting in more locations than the 82 licensed agencies. Attempts were made to contact all agencies including branch offices. Nineteen agencies provided no responses. The percentages reported in the CON Application are based on the remaining agencies who responded to the telephonic survey.

The table with population and computations at 1.5 per population requested in the Supplemental Letter is attached to this submittal as Attachment to Question #8. While this table uses the 1.5 factor, in reality this significantly understates the actual patient demand for home health services. As stated in the CON Application, actual historical utilization in the 32-county service area is 3.1 percent, which is more than 100 percent greater than the 1.5 percent guideline. Had the actual historical utilization been utilized to forecast the demand in 2018, the estimate of slightly more than 29,000 visits in 2018 would have increased to 60,172 – two times more than the computation utilized by the State to determine need presented in the attached table.

Actual utilization experience of all counties in the service area demonstrates the State's need formula of 1.5 percent of population is a dated formula not incorporating the healthcare system's focused initiative to provide healthcare services to patients in the least restrictive, least costly appropriate environment. Focus on community based programs and services, outpatient treatment and effectively treating patients in a less costly environment all contribute to the 1.5 guideline rate being an inappropriate measure of the need for home health services.

Coram's proposal involves providing services to approximately 178 patients per year which is a very small fraction of the anticipated home health population.

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In evaluating Hancock County population and utilization, factors that could contribute to its high home health use rate include but are not limited to the following: highest poverty level in the service area (2x the average), highest percent of TennCare enrollees in the region (32.5%), TennCare enrollees account for half of the local home health agency (Hancock County Home Health Agency) revenues, median age is slightly higher, lower median household income, and percent 65 and older about 10 percent higher than overall service area.

9. Section C. Need, Item 1 (Specific Criteria: Home Health Services, Item 5 – Documentation of Referral Sources)

The applicant provided responses to the following standards but did not provide the required documentation. In addition, many of the letters provided appeared to be from the Memphis Area which is not part of the proposed service area. Please provide the documentation requested in the following standards:

- A. *The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.*
- B. *The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.*

The letters from the various physicians and potential referral sources indicate support, but do not indicate the “*projected number of cases by service category.*” Please provide the *projected number of cases by service category by referral source.*

The applicant has provided letters of support from two patients experiencing difficulty, delay or inability to obtain the applicant’s proposed services. If possible, please provide any additional letters from patients or providers located in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

The number of licensed home health agencies in the proposed service area in the table on page 46 is noted. However, it appears not all home health agencies are listed. Please contact Alecia Craighead, HSDA Statistical Analyst at 615-253-2782 to request a comprehensive listing and update the table on page 46 and any other applicable tables.

Please indicate the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

The Applicant seeks a CON limited to providing nursing services incident to the delivery of infusion therapies in the homes of its patients. All of the projected number of cases will be limited to nursing services incident to infusion therapies (i.e., preparation and cleaning of access site,

administration of the infusion therapy, monitoring of the patient's vital signs and reaction to the therapy). These patients will generally not be provided skilled nursing services unrelated to infusion therapies. The Applicant is seeking additional letters of support from patients and providers and will supplement the record up to the hearing date upon receipt of additional letters of support.

Alecia Craighead provided an updated list of all home health agencies licensed in any of the 32 counties. That list is provided in the Attachment to Question #9 and identifies 82 such agencies. The utilization data presented in the CON application that identified home health agencies, included any home health agencies with 1 or more patients on 1 or more of the 32 counties, accounted for 81 agencies. While the list provided by Ms. Craighead includes one more home health agencies than the utilization chart in the CON application, this is due to the fact this additional agency had zero (0) patients in any of the 32 counties in the service area.

As noted in the CON application, 100 percent of the home health visits will be skilled nursing; and 100 percent of the skilled nursing home health visits will be infusion related. These would all be provided under physician orders and therefore the type of cases referred by physician.

10. Section C. Need, Item 1 (Specific Criteria: Home Health Services)- Item 6a and 6b

Your response is noted. Please clarify if the applicant intends to fully charge and file claims for HH infusion services.

Although the Applicant will not seek certification as a Medicare home health agency or enroll in as a home health agency in TennCare, it will on occasion treat Medicare-covered and TennCare covered infusion patients. The Applicant will either bill these patients at the Applicant's self-pay rate for a private nursing visit, or, if the patient qualifies (which most TennCare patients do) apply the visit to the Applicant's charity care pool and bad debt policy. The vast majority of the Medicare/TennCare infusion patients that the Applicant will treat are not considered "home bound," a finding necessary to support billing those programs for home health services. The patient's infusion drugs and therapies are, however, covered by Medicare/TennCare and the Applicant's pharmacy bills those programs for those medications and therapies. The difficulties its patients and their primary care providers encounter in securing nursing services to support delivery of the infusion therapies in the home is not necessarily unique to Medicare/TennCare, but those programs do require the patient be considered home-bound in order to bill those programs. Thus, existing agencies typically will not see patients who are not home bound because

**ATTACHMENT TO QUESTION #8
SUPPLEMENTAL REQUEST #1**

June 20, 2014**12:06 pm**

County (A)	# Authorized Agencies* (B)	2014 Pop** (C)	Patients served 2013 (D)	Use Rate (Patient/1,000 pop) (E)	2018 Pop (F)	Projected Capacity (G)	Projected Need (H)	Additional Need (Surplus) for 2018 (G-H)
Anderson	24	76,579	2,893	37.8	77,851	2,941	1,168	1,773
Blount	19	128,368	2,507	19.5	135,171	2,640	2,028	612
Bradley	20	103,308	2,021	19.6	107,481	2,103	1,612	490
Campbell	24	41,474	1,715	41.4	42,566	1,760	638	1,122
Carter	12	57,284	2,072	36.2	57,680	2,086	865	1,221
Claiborne	23	32,604	2,002	61.4	33,288	2,044	499	1,545
Cocke	19	36,762	1,467	39.9	38,615	1,541	579	962
Fentress	15	18,404	1,015	55.2	18,987	1,047	285	762
Grainger	22	23,111	886	38.3	23,675	908	355	552
Greene	21	70,187	2,454	35.0	71,594	2,503	1,074	1,429
Hamblen	21	64,108	2,835	44.2	65,570	2,900	984	1,916
Hancock	20	6,652	682	102.5	6,640	681	100	581
Hawkins	22	57,509	2,148	37.4	58,164	2,172	872	1,300
Jefferson	19	53,729	1,749	32.6	56,872	1,851	853	998
Johnson	11	18,094	907	50.1	18,127	909	272	637
Knox	25	453,629	9,976	22.0	475,569	10,458	7,134	3,325
Loudon	25	50,926	1,572	30.9	53,192	1,642	798	844
McMinn	24	53,233	1,807	33.9	54,203	1,840	813	1,027
Meigs	23	12,205	346	28.3	12,643	358	190	169
Monroe	21	46,092	1,517	32.9	48,088	1,583	721	861
Moore	14	6,350	97	15.3	6,401	98	96	2
Morgan	25	21,848	472	21.6	22,004	475	330	145
Pickett	13	5,019	271	54.0	4,943	267	74	193
Polk	17	16,604	427	25.7	16,588	427	249	178
Roane	26	54,006	2,354	43.6	54,457	2,374	817	1,557
Scott	21	21,944	835	38.1	21,969	836	330	506
Sevier	18	94,833	2,452	25.9	100,362	2,595	1,505	1,090
Sullivan	15	158,975	5,259	33.1	161,136	5,330	2,417	2,913
Unicoi	14	18,376	659	35.9	18,511	664	278	386
Union	24	19,301	371	19.2	19,605	377	294	83
Van Buren	18	5,450	240	44.0	5,474	241	82	159
Washington	16	130,586	4,181	32.0	138,370	4,430	2,076	2,355
Total	--	1,957,550	60,189	30.7	2,025,796	62,081	30,387	31,694

* The official population source used by HSDA is the TN Dept. of Health, Division of Health Statistics' Population Projections, 2010-2020

**ATTACHMENT TO QUESTION #9
SUPPLEMENTAL REQUEST #1**

they cannot get paid. If the Applicant's CON is approved, it will see these non-home bound patients, and bill them at a self-pay rate for the nursing service, or apply the visit to the Applicant's charity care or bad debt policy.

11. Section C, Need, Item 3

Your response is noted. The application question asked the applicant to identify and justify the reasonableness of the proposed service area. Please provide the number of patients by patient county in the proposed 32 county service area of residence for the most recent year available at Coram Infusion.

The information requested is provided in the table in Attachment to Question #11. As noted in the table, approximately 92 percent of the Knoxville branch's Tennessee patients reside within the defined service area. Those Tennesseans outside the service area primarily reside in the east part of the Middle Tennessee service area (such as Hamilton County) and are transferred to the Nashville branch for necessary limited home health services and follow up.

In health planning, definition of a service area identifies those counties that will comprise the majority of the patient population. When services are provided to numerous counties within an area, occasionally counties are included in the definition that may have low population and therefore only sporadic patient needs but which are fully surrounded by the defined service area. As noted in the Attachment, a few low population counties in East Tennessee most recently had no patients but in years prior did, and at the same time are surrounded by counties with patients. Accordingly, it is reasonable to include all of those counties identified.

12. Section C, Need, Item 4.

Using current and projected population data from the Department of Health; and the most recent enrollee data from the Bureau of TennCare and demographic information from the US Census Bureau, complete the following table and include data for each county in your proposed service area.

The information requested is provided in the Attachment to Question #12 table. The target population are those under the age of 65.

13. Section C, Need, Item 4.B

The applicant is forecasting 5% of its patients will be medically indigent. Please clarify if these patients would have TennCare, or qualify for TennCare benefits. Also, please clarify if the pharmacy component outside of the home health visits would also qualify as medically indigent for those proposed five percent.

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In the previously approved similar application, CN1205-020, Coram Alternative Site Services, approved on September 26, 2012 forecasted 5% charity care. In the 2013 Coram Specialty Infusion Services Joint Annual Report for the period March 1, 2013 to June 30, 2013, the payment source reflected 100% commercial payment (\$133,325) representing 11 patients served. Please clarify why 5% charity care was forecasted in the application CN1205-020 but was not provided by Coram.

As noted above, with respect to indigent, Medicare or TennCare patients, the Applicant bills those patients at a self pay rate for the nursing visit, and typically apply those sums owing to its charity care or bad debt policies. The Applicant does not separately track or break out sums not typically collected from private pay patients. The reason why only 11 commercial health patients were reflected in the Applicant's 2013 JARS Report is because that reporting period only reflected approximately 60-days of operations, and given short duration of operations and the small sample size it is not unusual that most patients would be commercial health patients. Moreover, even though the patients are enrolled as commercial health, in reality charity care or self-pay is often not identified until the patient has been on service for some time. It is believed that at least one of those 11 patients actually became a self-pay or charity care case.

14. Section C, Need, Item 6

The methodology of projecting 162 patients in Year One is unclear in the application. Please provide a brief simplified overview of the calculations, assumptions, referrals, etc. to project 162 patients in Year One.

The 162 patients identified in year one were based on a detailed analysis of the Knoxville Branch patients by infusion therapy provided during calendar year 2013. First patients by quarter and year by therapy were identified. Next, the number of patients/therapies was estimated to increase by five percent per year to the limited home health agency's first year of operation. Then, by therapy, the following assumptions were applied:

- **Aralast patients were estimated to receive one visit per week for 1.5 hours.**
- **Chelation therapy patients were estimated to receive one visit at start of care for 2 hours.**
- **Chemotherapy patients were estimated to receive one visit per week for less than one hour.**
- **Fabrazyme patients were estimated to receive bi-weekly visits for 3 hours each.**
- **IVIG patients were estimated to receive an initial visit with then one visit per month for five hours per visit.**

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- **IVIG subcutaneous patients were estimated to receive two to three visits at start of care, lasting 2 hours.**
- **Zemaira patients were estimated to receive one visit per week for 1.5 hours.**
- **Five percent of non-specialty patients (those not listed above) were estimated to have one visit per week for 2 hours.**

Volumes were increased by five percent between years one and two, resulting in 178 patients in year two.

15. Section C. Economic Feasibility Item 1 (Project Cost Chart)

Your response is noted. However, please clarify if the leased space allocated to the proposed home health project has been accounted for on the Project Costs Chart.

The leased space is not separately denoted in the Project Cost Chart because the space that will house the proposed agency is unused space in the Applicant pharmacy's leasehold and there is no additional incremental cost associated with housing the agency in this space.

16. Section C. Economic Feasibility Item 4. (Historical Data Chart and Projected Data Chart)

Please clarify why the provision of charity care is 1% in the Year 2013 in the Historical Data Chart for the pharmacy operation, but the applicant is projecting 5% charity care on the Projected Data Chart.

Why is there a loss of \$158,459 in 2012 in the Historical Data Chart?

Why is the provision for bad debt -\$157,571 in 2013 in the Historical Data Chart?

The Historical Data Chart relates to the pharmacy operations; the Projected Data Chart is for the limited service home health agency. Because medically-necessary infusion services are typically covered by Medicare, TennCare and private health insurance the Applicant's pharmacy operations generally experience a low rate of charity care and bad debt. However, because the Applicant generally cannot bill Medicare, TennCare and some commercial health insurance for home health services incident to infusion therapy services because the patients are not "home bound," the Applicant will have to write-off more visits to its charity care and bad debt policies than it does with respect to the pharmacy. Hence the disparity between historical actual in the pharmacy and anticipated / projected in the home health agency.

Regarding the loss in 2012 Historical Data Chart for this branch and then the 'negative' bad debt in 2013, these two items are directly related. The

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local branch's bad debt policy involves internal write off of bad debts in a fairly quick time frame. Accordingly, with time to collect in 2012 increased, there was a notable increase in bad debts for 2012 resulting in the \$158,459 loss. In fact, this acceleration of bad debt on the 2012 books was reversed in 2013 when the amounts were collected. As a result, there was negative bad debt in 2013 reversing the overstatement from 2012.

17. Section C. Economic Feasibility Item 5

Your response is noted. The applicant has labeled contractual adjustments in the amount of (\$7,617) in Year One and (\$8,798) in Year Two as deductions. Please revise and resubmit a replacement page.

The replacement page is included as Attachment to Question #17.

18. Section C, Economic Feasibility, Item 9

Please complete the following chart for the proposed HHA.

Please see the following estimates for the supplemental requested information:

Payor	Year One Gross Revenues	% of Total Revenues
Medicare	\$0	0%
Medicaid/TennCare	\$0	0%
Commercial insurance	\$169,484	89%
Self-Pay	\$11,426	6%
Charity	\$9,522	5%
Total	\$190,431	100%

19. Section C, Economic Feasibility, Item 10

The provided Financial Statements are noted. Please provide the calculations the applicant used to derive the current ratio of 1:1.64.

The current ratio is derived by dividing current assets by current liabilities. The CVS 10K for calendar year 2013 current ratio of 1.64 is derived as follows: Current Assets of \$25,325,000,000 divided by Current Liabilities of \$15,425,000,000.

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20. Section C, Contribution to Orderly Development, Item 1

The current pharmacy relationship with payers and health providers in the proposed 32-county service area is noted. However, Medicare and TennCare are listed as payers and the applicant has identified it does not plan to participate in either program. It is also noted that most of the hospital systems identified are significant TennCare providers. It appears the Coram Pharmacy will accept payment for the infusion products but the proposed Coram home health agency will not contract with either program to actually provide the skilled nursing care needed to administer it. Please explain how this will contribute to the orderly development of health care.

Even though the Applicant will not enroll in Medicare and TennCare for delivery of home health agency services, the Applicant will nonetheless still provide its patients with the infusion therapies and bill them a self pay rate for the nursing visit (a rate that simply covers the Applicant's costs for that nursing visit), in the case of indigent or medical hardship cases, the Applicant will write-off the cost of that visit in accord with its charity care and bad debt policies. The orderly development of health care is advanced because these patients who in any case would never been seen in the home by an incumbent agency, now will not have to travel several hours from their homes, sometimes several times a week, and be infused in a highly infectious environment, but rather will be seen a regular intervals in the safety and comfort of their home. Higher cost hospital-based services are avoided, and patient's wellness is served.

Coram's proposed CON also advances the orderly development of healthcare because incumbent HHA providers will not be impacted by Coram providing skilled nursing services incident to its infusion therapies. When a patient meets homebound status criteria, and thus qualifies for HHA nursing services, Coram first refers those cases to the incumbent, Medicare-certified agencies. Only when a certified agency cannot be located after contacting at least three area agencies, will Coram provide the nursing necessary to safely support medication administration to the patient. As noted elsewhere in this Application, the incumbent agencies do not accept non-homebound patients who do not qualify for HHA nursing services under Medicare or TennCare. Thus, none of the existing agencies reimbursable caseload is effected by Coram's proposed CON, yet patients who would otherwise be turned away by those agencies will be able to receive their infusion therapies in the safety and convenience of their home. Coram believes these factors, taken together, advance the orderly development of healthcare.

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21. Section C, Contribution to Orderly Development, Item 3

Your response is noted. Please provide a comparison of the clinical staff salaries in the proposal to prevailing wage patterns in the service area either through comparison of the applicant's facility with similar previously approved projects within the primary service area, through the Tennessee Department of Labor & Workforce Development publications, or other published sources.

The only staff to be added for this proposed project are registered nurses. Comparison to actual salaries in the service area can be accomplished readily as Coram Knoxville Branch pharmacy already employs a clinical nurse to work with the pharmacy patients. As shown in the table in the response to this question within the CON application, the current average existing salary for this employee is \$70,000. The Tennessee Department of Labor and Workforce Development publication for the Knoxville MSA indicates LPN salaries range between \$31,270 and \$38,230 (25 to 75 percentile) and Healthcare Technicians and Technologists, All Other \$46,670 (25th percentile) and \$69,000 (75th percentile). Because there is not a single category for registered nurses, we believe this latter category encompasses the RN position. Accordingly, given the existing pay rates at Coram Knoxville Branch of \$70,000, and its proposed home health nursing salary of \$75,000, the amount proposed is reasonable and achievable.

22. Section C, Contribution to Orderly Development, Item 4

The applicant envisions that a pool of between 8 and 15 per diem/per visit Certified Infusion Registered Nurses (CIRN) will be recruited from around the proposed 32 county larger population centers. Please clarify if this pool of nurses is accounted for in the Projected Data Chart in anticipated staffing pattern.

The pool of nurses is accounted for in the Projected Data Chart and the anticipated staffing patterns.

23. Section C, Contribution to Orderly Development, Item 7d

If possible, please provide the latest copy of the latest Coram Alternate Site Services, Inc.'s Nashville branch home health licensure survey.

The applicant is accredited to by The Joint Commission. If approved, will this accreditation also include home health services?

The letter from The Joint Commission dated August 5, 2013 states home health services are already provided by Coram Healthcare and references the Knoxville office. Please clarify.

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Attachment to Question #23 is the latest licensure survey of the Nashville branch home health agency. If this CON application is approved, the accreditation by The Joint Commission will be extended to this limited service home health agency.

Reference in the accreditation document by The Joint Commission is the fact that the Knoxville operation is accredited for services for which it is licensed. It is not currently accredited for home health. However, the certificate will be updated for limited service home health once the CON is approved and the Knoxville branch is appropriately licensed.

24. Proof of Publication

The applicant provided copies of the publication of intent of four of the required 30 newspapers of general circulation in the proposed service area. Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent that covers the 32 county proposed service area. Please insure the correct complete copy is paired with each appropriate affidavit.

These are attached to this Supplemental submission.

With best regards,

HARWELL HOWARD HYNE
GABBERT & MANNER, P.C.



Alix Coulter Cross

ACC/smb

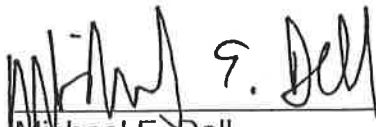
June 20, 2014**12:06 pm****AFFIDAVIT**

STATE OF COLORADO

COUNTY OF DENVER

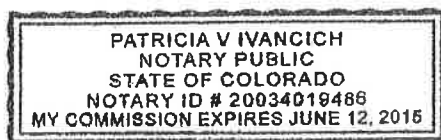
NAME OF FACILITY: CORAM ALTERNATE SITE SERVICES, INC.

I, MICHAEL E. DELL, after first being duly sworn, state under oath that I am the Senior Vice President, General Counsel & Secretary of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that to the best of my knowledge, it is true, accurate, and complete.



Michael E. Dell
SVP, General Counsel & Secretary

Sworn to and subscribed before me, a Notary Public, this the 19th day of June, 2014, witness my hand at office in the County of Denver, State of Colorado.





PATRICIA V. IVANCICH
NOTARY PUBLIC

My commission expires June 12, 2015.

HF-0043

Revised 7/02

EXHIBIT A

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type
Anderson	Clinch River Home Health	Home
Anderson	Home Option by Harden Health Care, The	Home
Anderson	Professional Case Management of Tennessee	Home
Bedford	Heritage Home Health	Home
Blount	Blount Memorial Hospital Home Health Services	Home
Bradley	Family Home Care - Cleveland	Home
Bradley	Home Health Care of East Tennessee, Inc	Both
Campbell	Sunbelt Homecare	Home
Carter	Amedisys Home Health Care	Home
Claiborne	Amedisys Home Health of Tennessee	Home
Claiborne	Suncrest Home Health & Hospice	Both
Clay	Cumberland River Homecare	Home
Cocke	Smoky Mountain Home Health & Hospice	Both
Coffee	Gentiva Health Services	Home
Coffee	Suncrest Home Health	Home
Davidson	Angel Private Duty and Home Health, Inc.	Home
Davidson	Brookdale Home Health Nashville	Home
Davidson	Careall	Home
Davidson	Elk Valley Health Services Inc	Home
Davidson	Home Care Solutions, Inc	Home
Davidson	Willowbrook Home Health Care Agency	Home
Fentress	Quality Home Health	Home
Fentress	Quality Private Duty Care	Home
Franklin	Amedisys Home Care	Home
Franklin	Caresouth HHA Holdings of Winchester, LLC	Home
Greene	Advanced Home Care, Inc.	Home
Greene	Laughlin Home Health Agency	Home
Greene	Procare Home Health Services	Home
Hamblen	Amedisys Home Health Care	Home
Hamblen	Premier Support Services, Inc	Home
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both
Hamilton	Alere Women's and Children's Health LLC	Home
Hamilton	Amedisys Home Health	Home
Hamilton	Continucare Healthservices, Inc I	Home
Hamilton	Continucare Healthservices, Inc II	Home
Hamilton	Gentiva Health Services	Home
Hamilton	Guardian Home Care, LLC	Home
Hamilton	Home Care Solutions	Home
Hamilton	Life Care At Home Of Tennessee	Home
Hamilton	Maxim Healthcare Services	Home
Hamilton	Memorial Hospital Home Health	Home
Hamilton	NHC Homecare	Home
Hancock	Hancock County Home Health & Hospice Agency	Both
Hawkins	Hometown Home Health Care, Inc	Home
Johnson	Johnson County Home Health	Home
Knox	Amedisys Home Health Care	Home
Knox	Camellia Home Health of East Tennessee	Home
Knox	Careall Home Care Services	Home
Knox	Covenant Homecare	Both
Knox	East Tennessee Children's Hospital Home Health	Home
Knox	Gentiva Health Services	Home
Knox	Gentiva Health Services 2 (Girling Health Care)	Home
Knox	Maxim Healthcare Services, Inc	Home
Knox	NHC Homecare	Home
Knox	Tennova Home Health	Home

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both
Lincoln	Deaconess Homecare	Home
Lincoln	Lincoln Medical Home Health & Hospice	Both
Maury	NHC Homecare	Home
McMinn	Home Care Solutions - Etowah	Home
McMinn	NHC Homecare	Home
Monroe	Intrepid USA Healthcare Services	Home
Monroe	Sweetwater Hospital Home Health	Home
Other	Professional Home Health Care Agency	Home
Overton	Amedisys Home Health	Home
Putnam	Highland Rim Home Health Agency	Home
Putnam	Intrepid USA Healthcare Services	Home
Rutherford	Amedisys Home Health Care	Home
Rutherford	NHC Homecare	Home
Scott	Deaconess Homecare	Home
Shelby	Meritan, Inc.	Home
Sullivan	Advanced Home Care	Home
Sullivan	Gentiva Health Services	Home
Unicoi	Unicoi County Home Health	Home
Warren	Careall Home Care Services	Home
Warren	Friendship Home Health, Inc.	Home
Warren	Intrepid USA Healthcare Services	Home
Washington	Amedisys Home Health	Home
Washington	Medical Center Homecare - Kingsport	Home
Washington	Medical Center Homecare Services	Home
Washington	NHC Homecare	Home
Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home
Total Agencies Licensed to Serve		82

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Anderson	Clinch River Home Health	Home	Anderson	Yes	No
Anderson	Home Option by Harden Health Care, The	Home	Anderson	Yes	No
Anderson	Professional Case Management of Tennessee	Home	Anderson	Yes	No
Blount	Blount Memorial Hospital Home Health Services	Home	Anderson	No	No
Campbell	Sunbelt Homecare	Home	Anderson	No	No
Davidson	Elk Valley Health Services Inc	Home	Anderson	No	No
Davidson	Home Care Solutions, Inc	Home	Anderson	No	No
Fentress	Quality Home Health	Home	Anderson	No	No
Hamblen	Amedisys Home Health Care	Home	Anderson	No	No
Hamblen	Premier Support Services, Inc	Home	Anderson	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Anderson	No	No
Hamilton	Amedisys Home Health	Home	Anderson	No	No
Knox	Amedisys Home Health Care	Home	Anderson	No	Yes
Knox	Camellia Home Health of East Tennessee	Home	Anderson	No	No
Knox	Covenant Homecare	Both	Anderson	No	Yes
Knox	East Tennessee Children's Hospital Home Health	Home	Anderson	No	No
Knox	Gentiva Health Services	Home	Anderson	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Anderson	No	No
Knox	Maxim Healthcare Services, Inc	Home	Anderson	No	No
Knox	NHC Homecare	Home	Anderson	No	No
Knox	Tennova Home Health	Home	Anderson	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Anderson	No	No
Monroe	Intrepid USA Healthcare Services	Home	Anderson	No	No
Other	Professional Home Health Care Agency	Home	Anderson	No	No
Number of Agencies Licensed to Serve Anderson County			24		
Blount	Blount Memorial Hospital Home Health Services	Home	Blount	Yes	No
Davidson	Elk Valley Health Services Inc	Home	Blount	No	No
Davidson	Home Care Solutions, Inc	Home	Blount	No	No
Fentress	Quality Home Health	Home	Blount	No	No
Hamblen	Premier Support Services, Inc	Home	Blount	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Blount	No	No
Hamilton	Amedisys Home Health	Home	Blount	No	No
Knox	Amedisys Home Health Care	Home	Blount	No	No
Knox	Camellia Home Health of East Tennessee	Home	Blount	No	No
Knox	Careall Home Care Services	Home	Blount	No	No
Knox	Covenant Homecare	Both	Blount	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Blount	No	No
Knox	Gentiva Health Services	Home	Blount	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Blount	No	No
Knox	Maxim Healthcare Services, Inc	Home	Blount	No	No
Knox	NHC Homecare	Home	Blount	No	No
Knox	Tennova Home Health	Home	Blount	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Blount	No	Yes
Monroe	Intrepid USA Healthcare Services	Home	Blount	No	No
Number of Agencies Licensed to Serve Blount County			19		
Bradley	Family Home Care - Cleveland	Home	Bradley	Yes	No
Bradley	Home Health Care of East Tennessee, Inc	Both	Bradley	Yes	No
Davidson	Elk Valley Health Services Inc	Home	Bradley	No	No
Davidson	Home Care Solutions, Inc	Home	Bradley	No	No
Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Bradley	No	Yes

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Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Hamblen	Premier Support Services, Inc	Home	Bradley	No	No
Hamilton	Alere Women's and Children's Health LLC	Home	Bradley	No	No
Hamilton	Amedisys Home Health	Home	Bradley	No	No
Hamilton	Continuicare Healthservices, Inc I	Home	Bradley	No	No
Hamilton	Continuicare Healthservices, Inc II	Home	Bradley	No	No
Hamilton	Gentiva Health Services	Home	Bradley	No	No
Hamilton	Guardian Home Care, LLC	Home	Bradley	No	Yes
Hamilton	Home Care Solutions	Home	Bradley	No	No
Hamilton	Life Care At Home Of Tennessee	Home	Bradley	No	Yes
Hamilton	Maxim Healthcare Services	Home	Bradley	No	No
Hamilton	Memorial Hospital Home Health	Home	Bradley	No	No
Hamilton	NHC Homecare	Home	Bradley	No	No
Knox	Camellia Home Health of East Tennessee	Home	Bradley	No	No
McMinn	NHC Homecare	Home	Bradley	No	No
Monroe	Intrepid USA Healthcare Services	Home	Bradley	No	No

Number of Agencies Licensed to Serve Bradley County**20**

Anderson	Clinch River Home Health	Home	Campbell	No	No
Anderson	Professional Case Management of Tennessee	Home	Campbell	No	No
Blount	Blount Memorial Hospital Home Health Services	Home	Campbell	No	No
Campbell	Sunbelt Homecare	Home	Campbell	Yes	No
Claiborne	Amedisys Home Health of Tennessee	Home	Campbell	No	Yes
Claiborne	Suncrest Home Health & Hospice	Both	Campbell	No	No
Davidson	Elk Valley Health Services Inc	Home	Campbell	No	No
Davidson	Home Care Solutions, Inc	Home	Campbell	No	No
Hamblen	Amedisys Home Health Care	Home	Campbell	No	No
Hamblen	Premier Support Services, Inc	Home	Campbell	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Campbell	No	No
Knox	Amedisys Home Health Care	Home	Campbell	No	No
Knox	Camellia Home Health of East Tennessee	Home	Campbell	No	Yes
Knox	Covenant Homecare	Both	Campbell	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Campbell	No	No
Knox	Gentiva Health Services	Home	Campbell	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Campbell	No	No
Knox	Maxim Healthcare Services, Inc	Home	Campbell	No	Yes
Knox	NHC Homecare	Home	Campbell	No	No
Knox	Tennova Home Health	Home	Campbell	No	Yes
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Campbell	No	Yes
Monroe	Intrepid USA Healthcare Services	Home	Campbell	No	No
Other	Professional Home Health Care Agency	Home	Campbell	No	Yes
Scott	Deaconess Homecare	Home	Campbell	No	No

Number of Agencies Licensed to Serve Campbell County**24**

Carter	Amedisys Home Health Care	Home	Carter	Yes	No
Davidson	Elk Valley Health Services Inc	Home	Carter	No	No
Davidson	Home Care Solutions, Inc	Home	Carter	No	No
Greene	Procure Home Health Services	Home	Carter	No	No
Hamblen	Premier Support Services, Inc	Home	Carter	No	No
Johnson	Johnson County Home Health	Home	Carter	No	No
Knox	Amedisys Home Health Care	Home	Carter	No	No
Sullivan	Gentiva Health Services	Home	Carter	No	No
Washington	Amedisys Home Health	Home	Carter	No	No

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Washington	Medical Center Homecare - Kingsport	Home	Carter	No	No
Washington	Medical Center Homecare Services	Home	Carter	No	Yes
Washington	NHC Homecare	Home	Carter	No	No
Number of Agencies Licensed to Serve Carter County			12		
Blount	Blount Memorial Hospital Home Health Services	Home	Claiborne	No	No
Campbell	Sunbelt Homecare	Home	Claiborne	No	No
Claiborne	Amedisys Home Health of Tennessee	Home	Claiborne	Yes	No
Claiborne	Suncrest Home Health & Hospice	Both	Claiborne	Yes	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Claiborne	No	Yes
Davidson	Elk Valley Health Services Inc	Home	Claiborne	No	No
Davidson	Home Care Solutions, Inc	Home	Claiborne	No	No
Hamblen	Amedisys Home Health Care	Home	Claiborne	No	Yes
Hamblen	Premier Support Services, Inc	Home	Claiborne	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Claiborne	No	No
Hancock	Hancock County Home Health & Hospice Agency	Both	Claiborne	No	No
Knox	Amedisys Home Health Care	Home	Claiborne	No	No
Knox	Camellia Home Health of East Tennessee	Home	Claiborne	No	No
Knox	Covenant Homecare	Both	Claiborne	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Claiborne	No	No
Knox	Gentiva Health Services	Home	Claiborne	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Claiborne	No	No
Knox	Maxim Healthcare Services, Inc	Home	Claiborne	No	No
Knox	NHC Homecare	Home	Claiborne	No	No
Knox	Tennova Home Health	Home	Claiborne	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Claiborne	No	No
Monroe	Intrepid USA Healthcare Services	Home	Claiborne	No	No
Other	Professional Home Health Care Agency	Home	Claiborne	No	No
Number of Agencies Licensed to Serve Claiborne County			23		
Blount	Blount Memorial Hospital Home Health Services	Home	Cocke	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Cocke	No	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Cocke	Yes	No
Davidson	Elk Valley Health Services Inc	Home	Cocke	No	No
Davidson	Home Care Solutions, Inc	Home	Cocke	No	No
Greene	Advanced Home Care, Inc.	Home	Cocke	No	No
Greene	Laughlin Home Health Agency	Home	Cocke	No	No
Hamblen	Amedisys Home Health Care	Home	Cocke	No	No
Hamblen	Premier Support Services, Inc	Home	Cocke	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Cocke	No	Yes
Knox	Amedisys Home Health Care	Home	Cocke	No	Yes
Knox	Camellia Home Health of East Tennessee	Home	Cocke	No	No
Knox	Covenant Homecare	Both	Cocke	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Cocke	No	No
Knox	Gentiva Health Services	Home	Cocke	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Cocke	No	No
Knox	Maxim Healthcare Services, Inc	Home	Cocke	No	No
Knox	NHC Homecare	Home	Cocke	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Cocke	No	No
Number of Agencies Licensed to Serve Cocke County			19		
Clay	Cumberland River Homecare	Home	Fentress	No	No

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Davidson	Elk Valley Health Services Inc	Home	Fentress	No	No
Davidson	Home Care Solutions, Inc	Home	Fentress	No	No
Fentress	Quality Home Health	Home	Fentress	Yes	No
Fentress	Quality Private Duty Care	Home	Fentress	Yes	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Fentress	No	No
Hamilton	Amedisys Home Health	Home	Fentress	No	No
Knox	Amedisys Home Health Care	Home	Fentress	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Fentress	No	No
Lincoln	Deaconess Homecare	Home	Fentress	No	No
Overton	Amedisys Home Health	Home	Fentress	No	Yes
Putnam	Highland Rim Home Health Agency	Home	Fentress	No	No
Putnam	Intrepid USA Healthcare Services	Home	Fentress	No	No
Rutherford	NHC Homecare	Home	Fentress	No	No
Scott	Deaconess Homecare	Home	Fentress	No	No

Number of Agencies Licensed to Serve Fentress County**15**

Blount	Blount Memorial Hospital Home Health Services	Home	Grainger	No	No
Claiborne	Amedisys Home Health of Tennessee	Home	Grainger	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Grainger	No	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Grainger	No	No
Davidson	Elk Valley Health Services Inc	Home	Grainger	No	No
Davidson	Home Care Solutions, Inc	Home	Grainger	No	No
Hamblen	Amedisys Home Health Care	Home	Grainger	No	No
Hamblen	Premier Support Services, Inc	Home	Grainger	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Grainger	No	No
Hancock	Hancock County Home Health & Hospice Agency	Both	Grainger	No	No
Hawkins	Hometown Home Health Care, Inc	Home	Grainger	No	No
Knox	Amedisys Home Health Care	Home	Grainger	No	No
Knox	Camellia Home Health of East Tennessee	Home	Grainger	No	No
Knox	Covenant Homecare	Both	Grainger	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Grainger	No	No
Knox	Gentiva Health Services	Home	Grainger	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Grainger	No	No
Knox	Maxim Healthcare Services, Inc	Home	Grainger	No	No
Knox	NHC Homecare	Home	Grainger	No	No
Knox	Tennova Home Health	Home	Grainger	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Grainger	No	No
Monroe	Intrepid USA Healthcare Services	Home	Grainger	No	No

Number of Agencies Licensed to Serve Grainger County**22**

Blount	Blount Memorial Hospital Home Health Services	Home	Greene	No	No
Carter	Amedisys Home Health Care	Home	Greene	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Greene	No	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Greene	No	Yes
Davidson	Elk Valley Health Services Inc	Home	Greene	No	No
Davidson	Home Care Solutions, Inc	Home	Greene	No	No
Greene	Advanced Home Care, Inc.	Home	Greene	Yes	No
Greene	Laughlin Home Health Agency	Home	Greene	Yes	No
Greene	Procare Home Health Services	Home	Greene	Yes	No
Hamblen	Amedisys Home Health Care	Home	Greene	No	Yes
Hamblen	Premier Support Services, Inc	Home	Greene	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Greene	No	No

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Knox	Amedisys Home Health Care	Home	Greene	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Greene	No	No
Knox	Maxim Healthcare Services, Inc	Home	Greene	No	Yes
Sullivan	Advanced Home Care	Home	Greene	No	No
Sullivan	Gentiva Health Services	Home	Greene	No	No
Washington	Amedisys Home Health	Home	Greene	No	No
Washington	Medical Center Homecare - Kingsport	Home	Greene	No	No
Washington	Medical Center Homecare Services	Home	Greene	No	No
Washington	NHC Homecare	Home	Greene	No	No

Number of Agencies Licensed to Serve Greene County**21**

Blount	Blount Memorial Hospital Home Health Services	Home	Hamblen	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Hamblen	No	Yes
Cocke	Smoky Mountain Home Health & Hospice	Both	Hamblen	No	Yes
Davidson	Elk Valley Health Services Inc	Home	Hamblen	No	No
Davidson	Home Care Solutions, Inc	Home	Hamblen	No	No
Greene	Advanced Home Care, Inc.	Home	Hamblen	No	No
Greene	Laughlin Home Health Agency	Home	Hamblen	No	No
Hamblen	Amedisys Home Health Care	Home	Hamblen	Yes	No
Hamblen	Premier Support Services, Inc	Home	Hamblen	Yes	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Hamblen	Yes	No
Knox	Amedisys Home Health Care	Home	Hamblen	No	No
Knox	Camellia Home Health of East Tennessee	Home	Hamblen	No	No
Knox	Covenant Homecare	Both	Hamblen	No	Yes
Knox	East Tennessee Children's Hospital Home Health	Home	Hamblen	No	No
Knox	Gentiva Health Services	Home	Hamblen	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Hamblen	No	No
Knox	Maxim Healthcare Services, Inc	Home	Hamblen	No	No
Knox	NHC Homecare	Home	Hamblen	No	No
Knox	Tennova Home Health	Home	Hamblen	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Hamblen	No	No
Sullivan	Gentiva Health Services	Home	Hamblen	No	No

Number of Agencies Licensed to Serve Hamblen County**21**

Blount	Blount Memorial Hospital Home Health Services	Home	Hancock	No	No
Campbell	Sunbelt Homecare	Home	Hancock	No	No
Claiborne	Amedisys Home Health of Tennessee	Home	Hancock	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Hancock	No	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Hancock	No	No
Davidson	Elk Valley Health Services Inc	Home	Hancock	No	No
Davidson	Home Care Solutions, Inc	Home	Hancock	No	No
Greene	Advanced Home Care, Inc.	Home	Hancock	No	No
Hamblen	Amedisys Home Health Care	Home	Hancock	No	Yes
Hamblen	Premier Support Services, Inc	Home	Hancock	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Hancock	No	No
Hancock	Hancock County Home Health & Hospice Agency	Both	Hancock	Yes	No
Hawkins	Hometown Home Health Care, Inc	Home	Hancock	No	No
Knox	Amedisys Home Health Care	Home	Hancock	No	No
Knox	Camellia Home Health of East Tennessee	Home	Hancock	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Hancock	No	No
Knox	Maxim Healthcare Services, Inc	Home	Hancock	No	No
Knox	Tennova Home Health	Home	Hancock	No	No

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Home Health Agencies that are Licensed to Serve Listed Counties

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Sullivan	Advanced Home Care	Home	Hancock	No	No
Sullivan	Gentiva Health Services	Home	Hancock	No	No
Number of Agencies Licensed to Serve Hancock County			20		
Blount	Blount Memorial Hospital Home Health Services	Home	Hawkins	No	No
Carter	Amedisys Home Health Care	Home	Hawkins	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Hawkins	No	No
Coke	Smoky Mountain Home Health & Hospice	Both	Hawkins	No	No
Davidson	Elk Valley Health Services Inc	Home	Hawkins	No	No
Davidson	Home Care Solutions, Inc	Home	Hawkins	No	No
Greene	Advanced Home Care, Inc.	Home	Hawkins	No	No
Greene	Laughlin Home Health Agency	Home	Hawkins	No	No
Hamblen	Amedisys Home Health Care	Home	Hawkins	No	Yes
Hamblen	Premier Support Services, Inc	Home	Hawkins	No	Yes
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Hawkins	No	Yes
Hancock	Hancock County Home Health & Hospice Agency	Both	Hawkins	No	No
Hawkins	Hometown Home Health Care, Inc	Home	Hawkins	Yes	No
Knox	Amedisys Home Health Care	Home	Hawkins	No	No
Knox	Camellia Home Health of East Tennessee	Home	Hawkins	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Hawkins	No	No
Knox	Maxim Healthcare Services, Inc	Home	Hawkins	No	No
Sullivan	Advanced Home Care	Home	Hawkins	No	No
Sullivan	Gentiva Health Services	Home	Hawkins	No	No
Washington	Amedisys Home Health	Home	Hawkins	No	No
Washington	Medical Center Homecare - Kingsport	Home	Hawkins	No	No
Washington	NHC Homecare	Home	Hawkins	No	No
Number of Agencies Licensed to Serve Hawkins County			22		
Anderson	Home Option by Harden Health Care, The	Home	Jefferson	No	No
Blount	Blount Memorial Hospital Home Health Services	Home	Jefferson	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Jefferson	No	No
Coke	Smoky Mountain Home Health & Hospice	Both	Jefferson	No	No
Davidson	Elk Valley Health Services Inc	Home	Jefferson	No	No
Davidson	Home Care Solutions, Inc	Home	Jefferson	No	No
Hamblen	Amedisys Home Health Care	Home	Jefferson	No	No
Hamblen	Premier Support Services, Inc	Home	Jefferson	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Jefferson	No	Yes
Knox	Amedisys Home Health Care	Home	Jefferson	No	Yes
Knox	Camellia Home Health of East Tennessee	Home	Jefferson	No	Yes
Knox	Covenant Homecare	Both	Jefferson	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Jefferson	No	No
Knox	Gentiva Health Services	Home	Jefferson	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Jefferson	No	No
Knox	Maxim Healthcare Services, Inc	Home	Jefferson	No	No
Knox	NHC Homecare	Home	Jefferson	No	No
Knox	Tennova Home Health	Home	Jefferson	No	Yes
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Jefferson	No	No
Number of Agencies Licensed to Serve Jefferson County			19		
Carter	Amedisys Home Health Care	Home	Johnson	No	Yes
Davidson	Elk Valley Health Services Inc	Home	Johnson	No	No
Davidson	Home Care Solutions, Inc	Home	Johnson	No	No

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Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Greene	Procare Home Health Services	Home	Johnson	No	No
Hamblen	Premier Support Services, Inc	Home	Johnson	No	No
Johnson	Johnson County Home Health	Home	Johnson	Yes	No
Sullivan	Gentiva Health Services	Home	Johnson	No	No
Washington	Amedisys Home Health	Home	Johnson	No	No
Washington	Medical Center Homecare - Kingsport	Home	Johnson	No	No
Washington	Medical Center Homecare Services	Home	Johnson	No	No
Washington	NHC Homecare	Home	Johnson	No	No

Number of Agencies Licensed to Serve Johnson County**11**

Anderson	Clinch River Home Health	Home	Knox	No	Yes
Anderson	Home Option by Harden Health Care, The	Home	Knox	No	No
Anderson	Professional Case Management of Tennessee	Home	Knox	No	No
Blount	Blount Memorial Hospital Home Health Services	Home	Knox	No	No
Campbell	Sunbelt Homecare	Home	Knox	No	No
Davidson	Elk Valley Health Services Inc	Home	Knox	No	No
Davidson	Home Care Solutions, Inc	Home	Knox	No	No
Fentress	Quality Home Health	Home	Knox	No	Yes
Hamblen	Amedisys Home Health Care	Home	Knox	No	No
Hamblen	Premier Support Services, Inc	Home	Knox	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Knox	No	No
Knox	Amedisys Home Health Care	Home	Knox	Yes	No
Knox	Camellia Home Health of East Tennessee	Home	Knox	Yes	No
Knox	Careall Home Care Services	Home	Knox	Yes	No
Knox	Covenant Homecare	Both	Knox	Yes	No
Knox	East Tennessee Children's Hospital Home Health	Home	Knox	Yes	No
Knox	Gentiva Health Services	Home	Knox	Yes	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Knox	Yes	No
Knox	Maxim Healthcare Services, Inc	Home	Knox	Yes	No
Knox	NHC Homecare	Home	Knox	Yes	No
Knox	Tennova Home Health	Home	Knox	Yes	Yes
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Knox	Yes	No
Monroe	Intrepid USA Healthcare Services	Home	Knox	No	Yes
Other	Professional Home Health Care Agency	Home	Knox	No	No
Shelby	Meritan, Inc.	Home	Knox	No	No

Number of Agencies Licensed to Serve Knox County**25**

Anderson	Home Option by Harden Health Care, The	Home	Loudon	No	No
Anderson	Professional Case Management of Tennessee	Home	Loudon	No	No
Blount	Blount Memorial Hospital Home Health Services	Home	Loudon	No	No
Bradley	Home Health Care of East Tennessee, Inc	Both	Loudon	No	Yes
Campbell	Sunbelt Homecare	Home	Loudon	No	No
Davidson	Elk Valley Health Services Inc	Home	Loudon	No	No
Davidson	Home Care Solutions, Inc	Home	Loudon	No	Yes
Fentress	Quality Home Health	Home	Loudon	No	No
Hamblen	Premier Support Services, Inc	Home	Loudon	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Loudon	No	No
Hamilton	Amedisys Home Health	Home	Loudon	No	Yes
Knox	Amedisys Home Health Care	Home	Loudon	No	No
Knox	Camellia Home Health of East Tennessee	Home	Loudon	No	No
Knox	Careall Home Care Services	Home	Loudon	No	No
Knox	Covenant Homecare	Both	Loudon	No	No

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Knox	East Tennessee Children's Hospital Home Health	Home	Loudon	No	No
Knox	Gentiva Health Services	Home	Loudon	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Loudon	No	No
Knox	Maxim Healthcare Services, Inc	Home	Loudon	No	No
Knox	NHC Homecare	Home	Loudon	No	No
Knox	Tennova Home Health	Home	Loudon	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Loudon	No	Yes
McMinn	NHC Homecare	Home	Loudon	No	No
Monroe	Intrepid USA Healthcare Services	Home	Loudon	No	No
Monroe	Sweetwater Hospital Home Health	Home	Loudon	No	No
Number of Agencies Licensed to Serve Loudon County			25		
Bradley	Family Home Care - Cleveland	Home	McMinn	No	No
Bradley	Home Health Care of East Tennessee, Inc	Both	McMinn	No	No
Davidson	Elk Valley Health Services Inc	Home	McMinn	No	No
Davidson	Home Care Solutions, Inc	Home	McMinn	No	No
Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	McMinn	No	No
Hamblen	Premier Support Services, Inc	Home	McMinn	No	No
Hamilton	Alere Women's and Children's Health LLC	Home	McMinn	No	No
Hamilton	Amedisys Home Health	Home	McMinn	No	Yes
Hamilton	Continuare Healthservices, Inc I	Home	McMinn	No	No
Hamilton	Continuare Healthservices, Inc II	Home	McMinn	No	No
Hamilton	Gentiva Health Services	Home	McMinn	No	No
Hamilton	Guardian Home Care, LLC	Home	McMinn	No	Yes
Hamilton	Home Care Solutions	Home	McMinn	No	No
Hamilton	Life Care At Home Of Tennessee	Home	McMinn	No	No
Hamilton	Maxim Healthcare Services	Home	McMinn	No	No
Hamilton	Memorial Hospital Home Health	Home	McMinn	No	No
Hamilton	NHC Homecare	Home	McMinn	No	No
Knox	Camellia Home Health of East Tennessee	Home	McMinn	No	Yes
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	McMinn	No	No
Knox	NHC Homecare	Home	McMinn	No	No
McMinn	Home Care Solutions - Etowah	Home	McMinn	Yes	No
McMinn	NHC Homecare	Home	McMinn	Yes	No
Monroe	Intrepid USA Healthcare Services	Home	McMinn	No	No
Monroe	Sweetwater Hospital Home Health	Home	McMinn	No	No
Number of Agencies Licensed to Serve McMinn County			24		
Bradley	Family Home Care - Cleveland	Home	Meigs	No	No
Bradley	Home Health Care of East Tennessee, Inc	Both	Meigs	No	No
Davidson	Elk Valley Health Services Inc	Home	Meigs	No	No
Davidson	Home Care Solutions, Inc	Home	Meigs	No	No
Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Meigs	No	No
Hamblen	Premier Support Services, Inc	Home	Meigs	No	No
Hamilton	Alere Women's and Children's Health LLC	Home	Meigs	No	No
Hamilton	Amedisys Home Health	Home	Meigs	No	No
Hamilton	Continuare Healthservices, Inc I	Home	Meigs	No	No
Hamilton	Continuare Healthservices, Inc II	Home	Meigs	No	No
Hamilton	Gentiva Health Services	Home	Meigs	No	No
Hamilton	Guardian Home Care, LLC	Home	Meigs	No	No
Hamilton	Home Care Solutions	Home	Meigs	No	No
Hamilton	Life Care At Home Of Tennessee	Home	Meigs	No	No

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Home Health Agencies that are Licensed to Serve Listed Counties

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Hamilton	Maxim Healthcare Services	Home	Meigs	No	No
Hamilton	Memorial Hospital Home Health	Home	Meigs	No	No
Hamilton	NHC Homecare	Home	Meigs	No	No
Knox	Camellia Home Health of East Tennessee	Home	Meigs	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Meigs	No	No
McMinn	Home Care Solutions - Etowah	Home	Meigs	No	No
McMinn	NHC Homecare	Home	Meigs	No	No
Monroe	Intrepid USA Healthcare Services	Home	Meigs	No	No
Monroe	Sweetwater Hospital Home Health	Home	Meigs	No	No
Number of Agencies Licensed to Serve Meigs County			23		
Blount	Blount Memorial Hospital Home Health Services	Home	Monroe	No	No
Bradley	Home Health Care of East Tennessee, Inc	Both	Monroe	No	Yes
Davidson	Elk Valley Health Services Inc	Home	Monroe	No	No
Davidson	Home Care Solutions, Inc	Home	Monroe	No	No
Hamblen	Premier Support Services, Inc	Home	Monroe	No	No
Hamilton	Alere Women's and Children's Health LLC	Home	Monroe	No	No
Hamilton	Amedisys Home Health	Home	Monroe	No	No
Hamilton	Gentiva Health Services	Home	Monroe	No	No
Knox	Amedisys Home Health Care	Home	Monroe	No	No
Knox	Camellia Home Health of East Tennessee	Home	Monroe	No	No
Knox	Careall Home Care Services	Home	Monroe	No	No
Knox	Covenant Homecare	Both	Monroe	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Monroe	No	No
Knox	Gentiva Health Services	Home	Monroe	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Monroe	No	No
Knox	NHC Homecare	Home	Monroe	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Monroe	No	No
McMinn	Home Care Solutions - Etowah	Home	Monroe	No	No
McMinn	NHC Homecare	Home	Monroe	No	No
Monroe	Intrepid USA Healthcare Services	Home	Monroe	Yes	No
Monroe	Sweetwater Hospital Home Health	Home	Monroe	Yes	No
Number of Agencies Licensed to Serve Monroe County			21		
Bedford	Heritage Home Health	Home	Moore	No	No
Coffee	Gentiva Health Services	Home	Moore	No	No
Coffee	Suncrest Home Health	Home	Moore	No	No
Davidson	Elk Valley Health Services Inc	Home	Moore	No	No
Davidson	Home Care Solutions, Inc	Home	Moore	No	No
Davidson	Willowbrook Home Health Care Agency	Home	Moore	No	No
Franklin	Amedisys Home Care	Home	Moore	No	No
Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Moore	No	No
Lincoln	Deaconess Homecare	Home	Moore	No	No
Lincoln	Lincoln Medical Home Health & Hospice	Both	Moore	No	No
Maury	NHC Homecare	Home	Moore	No	No
Rutherford	Amedisys Home Health Care	Home	Moore	No	No
Warren	Intrepid USA Healthcare Services	Home	Moore	No	No
Williamson	Vanderbilt HC Affiliated w/Walgreens IV & RT Svcs	Home	Moore	No	No
Number of Agencies Licensed to Serve Moore County			14		
Anderson	Clinch River Home Health	Home	Morgan	No	No
Anderson	Professional Case Management of Tennessee	Home	Morgan	No	No

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Bradley	Home Health Care of East Tennessee, Inc	Both	Morgan	No	No
Campbell	Sunbelt Homecare	Home	Morgan	No	No
Davidson	Elk Valley Health Services Inc	Home	Morgan	No	No
Davidson	Home Care Solutions, Inc	Home	Morgan	No	No
Fentress	Quality Home Health	Home	Morgan	No	Yes
Fentress	Quality Private Duty Care	Home	Morgan	No	No
Hamblen	Premier Support Services, Inc	Home	Morgan	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Morgan	No	No
Knox	Amedisys Home Health Care	Home	Morgan	No	No
Knox	Camellia Home Health of East Tennessee	Home	Morgan	No	No
Knox	Careall Home Care Services	Home	Morgan	No	No
Knox	Covenant Homecare	Both	Morgan	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Morgan	No	No
Knox	Gentiva Health Services	Home	Morgan	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Morgan	No	No
Knox	Maxim Healthcare Services, Inc	Home	Morgan	No	No
Knox	Tennova Home Health	Home	Morgan	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Morgan	No	No
Lincoln	Deaconess Homecare	Home	Morgan	No	No
Other	Professional Home Health Care Agency	Home	Morgan	No	No
Overton	Amedisys Home Health	Home	Morgan	No	No
Rutherford	NHC Homecare	Home	Morgan	No	No
Scott	Deaconess Homecare	Home	Morgan	No	No
Number of Agencies Licensed to Serve Morgan County			25		
Clay	Cumberland River Homecare	Home	Pickett	No	No
Davidson	Elk Valley Health Services Inc	Home	Pickett	No	No
Davidson	Home Care Solutions, Inc	Home	Pickett	No	No
Fentress	Quality Home Health	Home	Pickett	No	Yes
Fentress	Quality Private Duty Care	Home	Pickett	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Pickett	No	No
Knox	Amedisys Home Health Care	Home	Pickett	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Pickett	No	No
Overton	Amedisys Home Health	Home	Pickett	No	No
Putnam	Highland Rim Home Health Agency	Home	Pickett	No	No
Putnam	Intrepid USA Healthcare Services	Home	Pickett	No	No
Rutherford	NHC Homecare	Home	Pickett	No	No
Scott	Deaconess Homecare	Home	Pickett	No	No
Number of Agencies Licensed to Serve Pickett County			13		
Bradley	Family Home Care - Cleveland	Home	Polk	No	No
Bradley	Home Health Care of East Tennessee, Inc	Both	Polk	No	No
Davidson	Elk Valley Health Services Inc	Home	Polk	No	No
Davidson	Home Care Solutions, Inc	Home	Polk	No	No
Hamblen	Premier Support Services, Inc	Home	Polk	No	No
Hamilton	Alere Women's and Children's Health LLC	Home	Polk	No	No
Hamilton	Amedisys Home Health	Home	Polk	No	No
Hamilton	Continuicare Healthservices, Inc II	Home	Polk	No	No
Hamilton	Gentiva Health Services	Home	Polk	No	No
Hamilton	Guardian Home Care, LLC	Home	Polk	No	No
Hamilton	Home Care Solutions	Home	Polk	No	No
Hamilton	Life Care At Home Of Tennessee	Home	Polk	No	Yes

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Hamilton	Memorial Hospital Home Health	Home	Polk	No	No
Knox	Camellia Home Health of East Tennessee	Home	Polk	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Polk	No	No
McMinn	Home Care Solutions - Etowah	Home	Polk	No	No
McMinn	NHC Homecare	Home	Polk	No	No
Number of Agencies Licensed to Serve Polk County			17		
Anderson	Clinch River Home Health	Home	Roane	No	Yes
Anderson	Professional Case Management of Tennessee	Home	Roane	No	No
Blount	Blount Memorial Hospital Home Health Services	Home	Roane	No	No
Bradley	Home Health Care of East Tennessee, Inc	Both	Roane	No	No
Campbell	Sunbelt Homecare	Home	Roane	No	No
Davidson	Elk Valley Health Services Inc	Home	Roane	No	No
Davidson	Home Care Solutions, Inc	Home	Roane	No	No
Fentress	Quality Home Health	Home	Roane	No	Yes
Hamblen	Premier Support Services, Inc	Home	Roane	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Roane	No	No
Knox	Amedisys Home Health Care	Home	Roane	No	Yes
Knox	Camellia Home Health of East Tennessee	Home	Roane	No	Yes
Knox	Careall Home Care Services	Home	Roane	No	Yes
Knox	Covenant Homecare	Both	Roane	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Roane	No	No
Knox	Gentiva Health Services	Home	Roane	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Roane	No	No
Knox	Maxim Healthcare Services, Inc	Home	Roane	No	No
Knox	NHC Homecare	Home	Roane	No	No
Knox	Tennova Home Health	Home	Roane	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Roane	No	No
Lincoln	Deaconess Homecare	Home	Roane	No	No
McMinn	NHC Homecare	Home	Roane	No	No
Monroe	Intrepid USA Healthcare Services	Home	Roane	No	No
Monroe	Sweetwater Hospital Home Health	Home	Roane	No	No
Overton	Amedisys Home Health	Home	Roane	No	No
Number of Agencies Licensed to Serve Roane County			26		
Anderson	Clinch River Home Health	Home	Scott	No	No
Anderson	Professional Case Management of Tennessee	Home	Scott	No	No
Campbell	Sunbelt Homecare	Home	Scott	No	No
Davidson	Elk Valley Health Services Inc	Home	Scott	No	No
Davidson	Home Care Solutions, Inc	Home	Scott	No	No
Fentress	Quality Home Health	Home	Scott	No	Yes
Hamblen	Premier Support Services, Inc	Home	Scott	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Scott	No	No
Knox	Amedisys Home Health Care	Home	Scott	No	No
Knox	Camellia Home Health of East Tennessee	Home	Scott	No	No
Knox	Covenant Homecare	Both	Scott	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Scott	No	No
Knox	Gentiva Health Services	Home	Scott	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Scott	No	No
Knox	Maxim Healthcare Services, Inc	Home	Scott	No	No
Knox	Tennova Home Health	Home	Scott	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Scott	No	No

June 20, 2014**12:06 pm****Home Health Agencies that are Licensed to Serve Listed Counties**

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Monroe	Intrepid USA Healthcare Services	Home	Scott	No	No
Other	Professional Home Health Care Agency	Home	Scott	No	No
Overton	Amedisys Home Health	Home	Scott	No	No
Scott	Deaconess Homecare	Home	Scott	Yes	No
Number of Agencies Licensed to Serve Scott County			21		
Anderson	Home Option by Harden Health Care, The	Home	Sevier	No	No
Blount	Blount Memorial Hospital Home Health Services	Home	Sevier	No	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Sevier	No	No
Davidson	Elk Valley Health Services Inc	Home	Sevier	No	No
Davidson	Home Care Solutions, Inc	Home	Sevier	No	No
Hamblen	Amedisys Home Health Care	Home	Sevier	No	No
Hamblen	Premier Support Services, Inc	Home	Sevier	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Sevier	No	No
Knox	Amedisys Home Health Care	Home	Sevier	No	Yes
Knox	Camellia Home Health of East Tennessee	Home	Sevier	No	No
Knox	Covenant Homecare	Both	Sevier	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Sevier	No	No
Knox	Gentiva Health Services	Home	Sevier	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Sevier	No	Yes
Knox	Maxim Healthcare Services, Inc	Home	Sevier	No	No
Knox	NHC Homecare	Home	Sevier	No	No
Knox	Tennova Home Health	Home	Sevier	No	No
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Sevier	No	Yes
Number of Agencies Licensed to Serve Sevier County			18		
Carter	Amedisys Home Health Care	Home	Sullivan	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Sullivan	No	Yes
Cocke	Smoky Mountain Home Health & Hospice	Both	Sullivan	No	Yes
Davidson	Elk Valley Health Services Inc	Home	Sullivan	No	No
Davidson	Home Care Solutions, Inc	Home	Sullivan	No	No
Greene	Advanced Home Care, Inc.	Home	Sullivan	No	No
Greene	Procare Home Health Services	Home	Sullivan	No	No
Hamblen	Premier Support Services, Inc	Home	Sullivan	No	No
Knox	Amedisys Home Health Care	Home	Sullivan	No	No
Sullivan	Advanced Home Care	Home	Sullivan	Yes	No
Sullivan	Gentiva Health Services	Home	Sullivan	No	No
Washington	Amedisys Home Health	Home	Sullivan	No	Yes
Washington	Medical Center Homecare - Kingsport	Home	Sullivan	No	Yes
Washington	Medical Center Homecare Services	Home	Sullivan	No	No
Washington	NHC Homecare	Home	Sullivan	No	No
Number of Agencies Licensed to Serve Sullivan County			15		
Blount	Blount Memorial Hospital Home Health Services	Home	Unicoi	No	No
Carter	Amedisys Home Health Care	Home	Unicoi	No	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Unicoi	No	No
Davidson	Elk Valley Health Services Inc	Home	Unicoi	No	No
Davidson	Home Care Solutions, Inc	Home	Unicoi	No	No
Greene	Procare Home Health Services	Home	Unicoi	No	No
Hamblen	Premier Support Services, Inc	Home	Unicoi	No	No
Knox	Amedisys Home Health Care	Home	Unicoi	No	No
Sullivan	Gentiva Health Services	Home	Unicoi	No	No

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Home Health Agencies that are Licensed to Serve Listed Counties

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Unicoi	Unicoi County Home Health	Home	Unicoi	Yes	No
Washington	Amedisys Home Health	Home	Unicoi	No	No
Washington	Medical Center Homecare - Kingsport	Home	Unicoi	No	No
Washington	Medical Center Homecare Services	Home	Unicoi	No	No
Washington	NHC Homecare	Home	Unicoi	No	No
Number of Agencies Licensed to Serve Unicoi County			14		
Anderson	Clinch River Home Health	Home	Union	No	No
Anderson	Home Option by Harden Health Care, The	Home	Union	No	No
Anderson	Professional Case Management of Tennessee	Home	Union	No	No
Blount	Blount Memorial Hospital Home Health Services	Home	Union	No	No
Campbell	Sunbelt Homecare	Home	Union	No	No
Claiborne	Amedisys Home Health of Tennessee	Home	Union	No	No
Claiborne	Suncrest Home Health & Hospice	Both	Union	No	No
Davidson	Elk Valley Health Services Inc	Home	Union	No	No
Davidson	Home Care Solutions, Inc	Home	Union	No	No
Hamblen	Amedisys Home Health Care	Home	Union	No	No
Hamblen	Premier Support Services, Inc	Home	Union	No	No
Hamblen	Univ. of TN Med. Ctr Home Health/Hospice Service	Both	Union	No	No
Knox	Amedisys Home Health Care	Home	Union	No	No
Knox	Camellia Home Health of East Tennessee	Home	Union	No	No
Knox	Covenant Homecare	Both	Union	No	No
Knox	East Tennessee Children's Hospital Home Health	Home	Union	No	No
Knox	Gentiva Health Services	Home	Union	No	No
Knox	Gentiva Health Services 2 (Girling Health Care)	Home	Union	No	No
Knox	Maxim Healthcare Services, Inc	Home	Union	No	No
Knox	NHC Homecare	Home	Union	No	No
Knox	Tennova Home Health	Home	Union	No	Yes
Knox	UTMCK-Home Care Services: Hospice & Home Care	Both	Union	No	No
Monroe	Intrepid USA Healthcare Services	Home	Union	No	No
Other	Professional Home Health Care Agency	Home	Union	No	No
Number of Agencies Licensed to Serve Union County			24		
Bradley	Home Health Care of East Tennessee, Inc	Both	Van Buren	No	No
Coffee	Suncrest Home Health	Home	Van Buren	No	No
Davidson	Angel Private Duty and Home Health, Inc.	Home	Van Buren	No	No
Davidson	Brookdale Home Health Nashville	Home	Van Buren	No	No
Davidson	Careall	Home	Van Buren	No	No
Davidson	Elk Valley Health Services Inc	Home	Van Buren	No	No
Davidson	Home Care Solutions, Inc	Home	Van Buren	No	No
Fentress	Quality Home Health	Home	Van Buren	No	No
Franklin	Amedisys Home Care	Home	Van Buren	No	No
Franklin	Caresouth HHA Holdings of Winchester, LLC	Home	Van Buren	No	No
Hamilton	Amedisys Home Health	Home	Van Buren	No	No
Hamilton	Memorial Hospital Home Health	Home	Van Buren	No	No
Hamilton	NHC Homecare	Home	Van Buren	No	No
Lincoln	Deaconess Homecare	Home	Van Buren	No	No
Rutherford	NHC Homecare	Home	Van Buren	No	No
Warren	Careall Home Care Services	Home	Van Buren	No	No
Warren	Friendship Home Health, Inc.	Home	Van Buren	No	No
Warren	Intrepid USA Healthcare Services	Home	Van Buren	No	No
Number of Agencies Licensed to Serve Van Buren County			18		

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Home Health Agencies that are Licensed to Serve Listed Counties

Agency County	Agency	Type	Patient County	County Contains Home Office	County Contains Branch Office
Blount	Blount Memorial Hospital Home Health Services	Home	Washington	No	No
Carter	Amedisys Home Health Care	Home	Washington	No	No
Cocke	Smoky Mountain Home Health & Hospice	Both	Washington	No	No
Davidson	Elk Valley Health Services Inc	Home	Washington	No	No
Davidson	Home Care Solutions, Inc	Home	Washington	No	No
Greene	Advanced Home Care, Inc.	Home	Washington	No	No
Greene	Laughlin Home Health Agency	Home	Washington	No	No
Greene	Procare Home Health Services	Home	Washington	No	Yes
Hamblen	Premier Support Services, Inc	Home	Washington	No	No
Knox	Amedisys Home Health Care	Home	Washington	No	No
Sullivan	Advanced Home Care	Home	Washington	No	No
Sullivan	Gentiva Health Services	Home	Washington	No	No
Washington	Amedisys Home Health	Home	Washington	Yes	No
Washington	Medical Center Homecare - Kingsport	Home	Washington	Yes	No
Washington	Medical Center Homecare Services	Home	Washington	Yes	No
Washington	NHC Homecare	Home	Washington	Yes	No
Number of Agencies Licensed to Serve Washington County			16		

Source: Department of Health Licensure - 9/18/2013 (Updated as of 5/30/2014)

**ATTACHMENT TO QUESTION #11
SUPPLEMENTAL REQUEST #1**

June 20, 2014**12:06 pm**

ATTACHMENT TO QUESTION #11, SUPPLEMENTAL REQUEST #1
Knoxville Pharmacy Branch Patients, Tennessee Residents by Patient County

Patient County	# of Patient Therapies	Percent of Total	Cumulative Percent
Anderson	242	6.0%	6.0%
Blount	436	10.8%	16.8%
Bradley	33	0.8%	17.6%
Campbell	153	3.8%	21.4%
Carter	137	3.4%	24.8%
Claiborne	29	0.7%	25.5%
Cocke	42	1.0%	26.5%
Fentress	11	0.3%	26.8%
Grainger	45	1.1%	27.9%
Greene	154	3.8%	31.7%
Hamblen	68	1.7%	33.4%
Hancock	197	4.9%	38.3%
Hawkins	164	4.1%	42.3%
Jefferson	123	3.0%	45.4%
Johnson	34	0.8%	46.2%
Knox	398	9.8%	56.0%
Loudon	83	2.1%	58.1%
McMinn	25	0.6%	58.7%
Meigs	17	0.4%	59.1%
Monroe	67	1.7%	60.8%
Moore	0	0.0%	60.8%
Morgan	28	0.7%	61.5%
Perry	0	0.0%	61.5%
Polk	0	0.0%	61.5%
Roane	73	1.8%	63.3%
Scott	30	0.7%	64.0%
Sevier	69	1.7%	65.7%
Sullivan	485	12.0%	77.7%
Unicoi	36	0.9%	78.6%
Union	7	0.2%	78.8%
Van Buren	0	0.0%	78.8%
Washington	531	13.1%	91.9%
All Other Tennessee	327	8.1%	100.0%
Total Tennessee Patients	4,044	100.0%	--

Source: Pharmacy Patient Analysis, Knoxville Branch.

Note: Excludes out of State Residents who are provided pharmacy products from the Knoxville Branch.

Moore and Van Buren pharmacy patients are served from the Nashville Branch and therefore show no patients in the above table; given the low density of these two counties, patient therapies represent a fairly low count.

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**ATTACHMENT TO QUESTION #12
SUPPLEMENTAL REQUEST #1**

June 20, 2014

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Demographic Variable/ Geographic Area	Total Population- Current Year	Total Population- Projected Year	Total Population-% change	*Target Population- Current Year (Under 65)	*Target Population- Projected Year	Target Population-% change	Target Population- Projected Year as % of Total	Median Age	Median Household Income	TennCare Enrollees	TennCare Enrollees as % of Total	Persons Below Poverty Level	Persons Below Poverty Level as % of Total
Anderson	76,579	77,851	1.7%	62,048	61,574	-0.8%	79%	43.4	\$43,918	13,771	18.0%	12,789	16.7%
Blount	128,368	135,171	5.3%	105,248	109,342	3.9%	81%	42.5	\$44,083	18,646	14.5%	16,303	12.7%
Bradley	103,308	107,481	4.0%	86,898	88,974	2.4%	83%	38.9	\$38,828	18,036	17.5%	18,389	17.8%
Campbell	41,474	42,566	2.6%	33,860	34,444	1.7%	81%	42.8	\$30,319	11,435	27.6%	9,829	23.7%
Carter	57,284	57,680	0.7%	46,235	45,653	-1.3%	79%	43.2	\$32,945	11,194	19.5%	13,061	22.8%
Claiborne	32,604	33,288	2.1%	26,724	26,902	0.7%	81%	42.2	\$34,902	7,809	24.0%	7,499	23.0%
Cocke	36,762	38,615	5.0%	30,093	31,744	5.5%	82%	44.2	\$27,994	9,766	26.6%	9,558	26.0%
Fentress	18,404	18,987	3.2%	14,838	15,117	1.9%	80%	43.7	\$30,549	5,287	28.7%	4,675	25.4%
Grainger	23,111	23,675	2.4%	18,907	19,118	1.1%	81%	43.2	\$30,444	4,915	21.3%	4,668	20.2%
Greene	70,187	71,594	2.0%	56,371	56,705	0.6%	79%	43.6	\$31,753	12,688	18.1%	15,792	22.5%
Hamblen	64,108	65,570	2.3%	52,839	53,503	1.3%	82%	40.2	\$27,944	12,995	20.3%	11,924	18.6%
Hancock	6,652	6,640	-0.2%	5,352	5,209	-2.7%	78%	43.5	\$22,983	2,162	32.5%	2,175	32.7%
Hawkins	57,509	58,164	1.1%	46,250	45,174	-2.3%	78%	43.4	\$40,836	11,593	20.2%	9,431	16.4%
Jefferson	53,729	56,872	5.8%	43,757	45,581	4.2%	80%	41.7	\$38,436	10,161	18.9%	10,316	19.2%
Johnson	18,094	18,127	0.2%	14,346	14,162	-1.3%	78%	44.2	\$36,558	3,879	21.4%	4,596	25.4%
Knox	453,629	475,569	4.8%	387,237	397,215	2.6%	84%	37.8	\$46,764	62,331	13.7%	64,415	14.2%
Loudon	50,926	53,192	4.4%	38,215	39,013	2.1%	73%	47	\$51,749	7,026	13.8%	7,435	14.6%
McMinn	53,233	54,203	1.8%	43,321	43,547	0.5%	80%	42.5	\$35,553	10,194	19.1%	9,848	18.5%
Meigs	12,205	12,643	3.6%	9,748	9,853	1.1%	78%	44.5	\$38,555	2,543	20.8%	2,844	23.3%
Monroe	46,092	48,088	4.3%	37,154	37,748	1.6%	78%	42.4	\$35,346	9,871	21.4%	8,896	19.3%
Moore	6,350	6,401	0.8%	5,080	5,155	1.5%	81%	44.5	\$48,713	745	11.7%	953	14.7%
Morgan	21,848	22,004	0.7%	18,412	18,208	-1.1%	83%	40.6	\$37,526	4,196	19.2%	4,173	19.1%
Pickett	5,019	4,943	-1.5%	3,727	3,574	-4.1%	72%	48.5	\$32,841	993	19.8%	1,054	21.0%
Polk	16,604	16,588	-0.1%	13,360	13,048	-2.3%	79%	43.5	\$37,308	3,352	20.2%	2,956	17.8%
Roane	54,006	54,457	0.8%	42,584	41,949	-1.5%	77%	46	\$46,512	9,590	17.8%	7,777	14.4%
Scott	21,944	21,969	0.1%	18,403	18,112	-1.6%	82%	38.8	\$29,535	6,963	31.7%	5,662	25.8%
Sevier	94,833	100,362	5.8%	78,065	81,110	3.9%	81%	41.9	\$42,647	15,120	15.9%	12,708	13.4%
Sullivan	158,975	161,136	1.4%	125,650	123,771	-1.5%	77%	44.7	\$40,844	27,472	17.3%	26,867	16.9%
Unicoi	18,376	18,511	0.7%	14,431	14,247	-1.3%	77%	45.7	\$35,586	3,470	18.9%	4,061	22.1%
Union	19,301	19,605	1.6%	16,130	15,945	-1.1%	81%	40.7	\$32,358	4,364	22.6%	4,362	22.6%
Van Buren	5,450	5,474	0.4%	4,332	4,215	-2.7%	77%	45.9	\$32,091	1,165	21.4%	1,221	22.4%
Washington	130,586	138,370	6.0%	108,855	114,218	4.9%	83%	40.3	\$41,444	19,219	14.7%	22,591	17.3%
Total	1,957,550	2,025,796	3.5%	1,608,470	1,634,130	1.6%	81%	41.5	\$40,452	342,951	17.5%	338,807	17.3%

June 20, 2014

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**ATTACHMENT TO QUESTION #17
SUPPLEMENTAL REQUEST #1**

Projected Data Chart, Underlying Assumptions

The underlying assumptions for the Projected Data Chart on the preceding page are summarized in the following paragraphs.

- Utilization: Line A is utilization information based on the analysis presented herein.
- Gross Revenues: Line B 2 is forecasted outpatient revenues as discussed in responses to the Economic Feasibility questions herein; these charges are based on Coram's self pay charge structure it has established nationally for home health skilled nursing visits and inflated by five percent to represent year two dollars.
- Contractual Adjustments: Line C 1 represents deductions from Gross Revenues based on the anticipated contractual rates for services with third party payors and private parties; because gross charges are established herein based on Coram's self pay charge structure inflated to year one, contractual adjustments reflect four percent of gross charges, not including charity care and bad debt.
- Provisions for Charity Care: Line C 2 represents anticipated charity care which equates to five percent of Gross Revenues.
- Provisions for Bad Debt: Line C 3 represents anticipated bad debt which equates to two percent of Gross Revenues.
- Operating Expense: Line D 1 represents salaries per the staffing schedule provided in response to Section C, Orderly Development of Health Care, Question 3. This is strictly registered nurse personnel for the new program as incremental staff. It is expected that there will be one full time employee and the balance of the nurse requirements will be provided by Coram's pool nurses on an hourly basis. Line D 2 represents the estimated benefits for the full time registered nurse at 20 percent of the respective salary. While the pool/per diem nurses do not receive benefits, the 20 percent factor is included in the salary line item to accommodate any potential increase for hourly services. Line D 3 is the supply line item, estimated at \$4 per visit. Line D 9 represents mileage reimbursement assuming an average mileage reimbursement of 58 miles per visit at 44 cents reimbursement per mile. Regarding taxes, the Applicant's financial performance is rolled up into the company financials. At the branch level, it pays no federal taxes or excise taxes at this time. Regarding franchise taxes, those are included for the branch overall in the existing business chart. As a result of operating the home health agency in the existing pharmacy, the Applicant does not anticipate any material taxes payable yet proportionately has added taxes consistent with what it currently pays for the existing operation.
- Net Operating Income: Both years reflect a positive net operating income which demonstrates this project is financially feasible.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED:**ECONOMIC FEASIBILITY**

5. *Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.*

The following table provides the average gross charge derived from the Applicant's self pay charge structure it uses nationally for home health skilled nursing visits in 2013, inflated five percent to represent year one dollars, average deduction (contractual allowances) from third parties, charity deductions and bad debt deductions. The result is net revenue for each of the two forecasted years of operation. Also included is number of visits and resulting average net revenue per visit:

Projected Data Chart	Year One	Year Two
Gross Charges	\$190,431	\$219,947
Contractual Allowances	(\$7,617)	(\$8,798)
Charity	(\$9,522)	(\$10,997)
Bad Debt	(\$3,809)	(\$4,399)
Net Revenue	\$169,483	\$195,753
Patients	162	178
Visits	1,194	1,313
Average Gross Charge/Visit	\$160	\$168
Average Gross Charge/Patient	\$1,176	\$1,236
Contractual Allowance/Patient	\$129	\$136
Average Net Revenue / Patient	\$1,046	\$1,100
Average Net Revenue / Visit	\$142	\$149

These average net revenue amounts per visit represent a blend of the average type patient with up to two hours per visit and the specialty patients who have visits lasting up to six hours.

June 20, 2014

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**ATTACHMENT TO QUESTION #23
SUPPLEMENTAL REQUEST #1**

June 20, 2014**12:06 pm**

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
EAST TENNESSEE REGION
5904 LYONS VIEW PIKE
KNOXVILLE, TENNESSEE 37919

February 4, 2013

Ms. Grace Chambliss, Administrator
Coram Alternate Site Services, Inc.
Attn: Licensure and Certification
555 17th Street, Suite 1500
Denver, CO 80202

Re: Coram Specialty Infusion Services, an Apria Healthcare Company
2970 Sidco Drive, Nashville, TN 37204-3715

Dear Ms. Chambliss:

The East Tennessee Regional Office conducted an initial licensure survey at your facility on January 30, 2013. As a result of the survey, no deficient practice was found.

If our office may be of assistance to you, please feel free to call (865) 588-5656.

Sincerely,

Karen B. Kirby, RN
Regional Administrator

KBK/dt

Enclosure

June 20, 2014PRINTED: 01/31/2013
12:06 pm RM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNHL225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/30/2013
NAME OF PROVIDER OR SUPPLIER CORAM SPECIALTY INFUSION SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 2970 SIDCO DRIVE NASHVILLE, TN 37204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 001	1200-8-26 Initial. During the Initial Licensure Survey conducted at Coram Alternate Site Services, on January 30, 2013, no deficiencies were cited under Chapter 1200-8-8 Standards for Home Health Care Organizations.	H 001			

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6890

MCZK11

If continuation sheet 1 of 1

June 20, 2014

12:06 pm

**ATTACHMENT TO QUESTION #24
SUPPLEMENTAL REQUEST #1**



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
 502 Deaderick Street
 Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the see ATTACHMENT A which is a newspaper
 of general circulation in see ATTACHMENT B, Tennessee, on or before June 3, 4, 5, 2014
 for one day.
(Name of Newspaper)
(County) (Month / day) (Year)

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Coram Alternate Site Services, Inc. d/b/a Coram CVS/specialty Infusion Services Home health agency
(Name of Applicant) (Facility Type-Existing)
 owned by: CVS Caremark Corporation with an ownership type of for profit
 and to be managed by: self-managed intends to file an application for a Certificate of Need
 for [PROJECT DESCRIPTION BEGINS HERE]: see ATTACHMENT C

The anticipated date of filing the application is: June 6, 2014

The contact person for this project is Alix Coulter Cross Attorney
(Contact Name) (Title)
 who may be reached at: Harwell Howard Hyne Gabbert & Manner, PC 333 Commerce Street, Suite 1500
(Company Name) (Address)

Nashville TN 37201 615 / 256-0500
(City) (State) (Zip Code) (Area Code / Phone Number)

Alix Coulter Cross
(Signature)

6/3/14
(Date)

alix.cross@h3gm.com
(E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
 Andrew Jackson Building, 9th Floor
 502 Deaderick Street
 Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

To: HARWELL HOWARD HYNE GABBERT & MANNER

(Advertising) NOTIFICATION OF INTENT TO APP (Ref No: 416070)

PUBLISHER'S AFFIDAVIT

State of Tennessee }
S.S.
County of Knox }

Before me, the undersigned, a Notary Public in and for said county, this day personally first duly sworn, according to law, says that he/she is a duly authorized representative of *News-Sentinel*, a daily newspaper published at Knoxville, in said county and state, and advertisement of:

(The Above-Referenced)

of which the annexed is a copy, was published in said paper on the following date(s):

June 4, 2014

and that the statement of account herewith is correct to the best of his/her knowledge, information, and belief.

[Signature]

Subscribed and sworn to before me this 4th day of June

20 14

[Signature]

Notary Public

My commission expires November 20 14

SUPPLEMENTAL #1

NOTIFICATION OF INTENT TO
June 4, 2014
12:06 pm

to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram CVS Specialty Infusion Services, Inc. (Coram CVS), a corporation, with an ownership of 100% by Coram CVS, a profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37937 with an estimated project cost to not exceed \$98,000. Coram CVS Specialty Infusion Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sevier, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

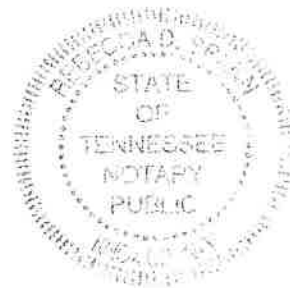
The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alex Coulter, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner P.C., 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-8900.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-3607(a)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



June 20, 2014**12:06 pm****AFFIDAVIT OF PUBLICATION**

STATE OF TENNESSEE

Robert Holman

Printed Name

Personally appeared before the undersigned authority and made oath that Robert Holman is the Publisher of the The Moore County News and that the attached item was published in said newspaper on the following dates:

6/5/2014.

Signed

Robert Holman

Name of Account: HARWELL, HOWARD, HYNE, GABERT & MANNE

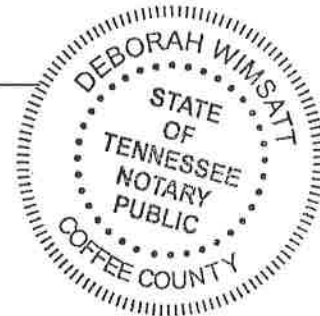
Order Number: 13121792

Sworn to, and subscribed before me at Tullahoma, Tennessee, this 5 th day of June, 2014.

Deborah Wimsatt

Notary Public

Commission expires

4-11-18

SUPPLEMENTAL #1**June 20, 2014****Production Supervisor**

VIAM Mfg., Inc. located in Manchester, TN is seeking candidates for the position of full-time Production Supervisor. The ideal candidate should have at least a 4-year Management Degree or equivalent experience in Supervisory Management with a familiarity to plan, assign and direct work of others. The candidate must also possess excellent communication skills with the ability to effectively present information to peers and management.

**** Signing Bonus Available ****

VIAM offers a competitive salary and excellent benefits including medical, dental, vision, 401K and bonus programs. Please forward resume with salary requirements to:

VIAM MFG., INC.
 Attn: Human Resource Manager
 87 Park Tower Drive
 Manchester, TN 37355
 Fax: 931-461-2336
 E-Mail: YLowe@Viammfg.com

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3681 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS Specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bladwell, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Tipton, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hynes Gabbart & Mann PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615-258-0589.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
 Andrew Jackson Building, 9th Floor
 502 Deaderick Street
 Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

June 20, 2014

12:06 pm

AFFP

2x5.5 Notification

Affidavit of PublicationSTATE OF TN }
COUNTY OF SEVIER }

SS

NOTIFICATION OF INTENT TO APPLY FOR
A CERTIFICATE OF NEED

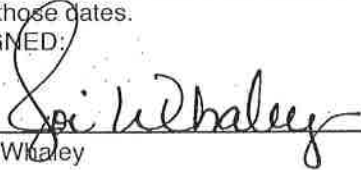
Joi Whaley, being duly sworn, says:

That she is Joi Whaley of the The Mountain Press, a daily newspaper of general circulation, printed and published in Sevierville, Sevier County, TN; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:


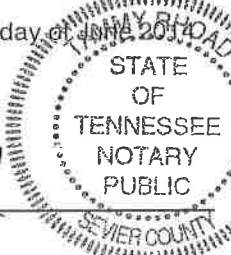
June 04, 2014

That said newspaper was regularly issued and circulated on those dates.

SIGNED:


 Joi Whaley

Subscribed to and sworn to me this 4th day of June 2014


 Tammy Rhoad, , Sevier County, TN


My commission expires: September 22, 2015

30125608 30502901

Michelle Anderson
 Harwell Howard Hyne Gabbert & Manner, PC
 333 Commerce Street Suite 1500
 Nashville, TN 37201

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 6, 2014. The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
 Andrew Jackson Building, 9th
 Nashville, Tennessee 37243
 Floor 502 Deaderick Street

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

June 20, 2014

12:06 pm

AFFIDAVIT OF PUBLICATION IN THE DAILY TIMES

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Moragan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hynes Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency, June 4, 2014.

State of Tennessee, County of Blount,
ss: Carl Esposito being duly sworn, deposes
and says that he is the Publisher of the Daily
Times, a newspaper published in Maryville,
Blount County, Tennessee and that the
notice hereto attached was published 1
consecutive days/weeks in said newspaper,
first publication date being
June 4, 2014, the last
publication date being _____,
2014.

Signed: Carl Esposito

Subscribed and sworn to before me this

4 day of June, 2014.

Notary Public: W. Leanna Webb
My commission expires: 5-31-15

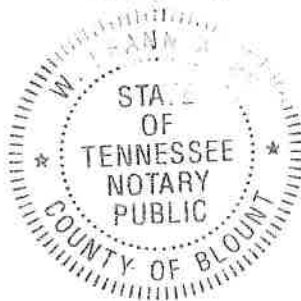
The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide website established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

The Daily Times

P.O. Box 9740

Maryville, TN 37802-9740

(865) 981-1100



PROOF²⁵⁹ OF PUBLICATION

JUNE 10, 2014
12:06 pm

Acct. Name:

##HARWELL HOWARD HYN

Acct. # 84227

STATE OF TENNESSEE

COST OF PUBLICATION

COUNTY OF LOUDON

Total \$160.00

PERSONALLY appeared before me Amber
Graves of Loudon County, Tennessee.

who being duly sworn, made oath that he/she is a

f the Publisher of THE NEWS HERALD,

general circulation, published in the

on and State of Tennessee and that the hereto

tion appeared in the same on the following dates :

NOTIFICATION OF INTENT

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/specially Infusion Services, owned by CVS Caremark Corporation with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cooke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Mardock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bladsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sevier, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyme Gabbert & Manner PC, 393 Commerce Street, Ste. 1900, Nashville, TN 37203, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

The News Herald

O. BOX 310, LENOIR CITY, TN 37771

(865) 986-6581

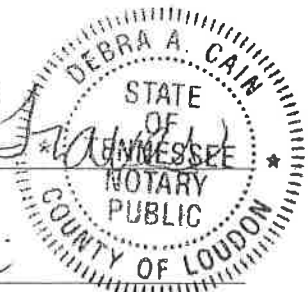
sworn to before me on this 5th day

Newspaper Representative: Amber Graves

Notary Public: Debra A Cain

My Commission Expires: 11-15-15

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.



State of Tennessee
Johnson County, as:

260

SUPPLEMENTAL #1

June 20, 2014

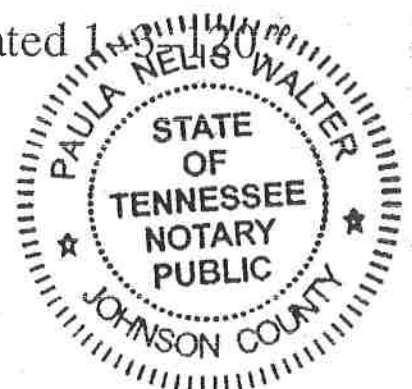
12:06 pm

Personally appeared before me, a notary public in and for said county and state, BILL THOMAS, publisher and proprietor of THE TOMAHAWK, INC., a weekly newspaper of general circulation, printed and published in Mountain City, Johnson County, Tennessee, and who, being duly sworn, upon oath, says that the notice of which the attached is a true copy, was duly published in said newspaper for 1 successive times, the first publication being on the 4th day of June, 20 14 second on _____ day of _____, 20 _____ third on _____ day of _____, 20 _____ fourth on _____ day of _____, 20 _____

(Signed) Bill Thomas

Subscribed and sworn before me this 19th day of June, 20 14

"This legal notice was published online at www.thetomahawk.com and www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1



Paula Nelis Walter

Notary Public

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

SUPPLEMENTAL #1

June 20, 2014

12:06 pm

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternata Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grant, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternata Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alex Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbart & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

(6/5/2014)

Independent Herald

STATE OF TENNESSEE
COUNTY OF SCOTT

Notification of Intent to Apply For a Certificate of Need

Ben Garrett, having first been duly sworn, makes oath that he is Editor of the Independent Herald, a weekly newspaper published in Scott County and of general circulation thereof, and that the attached is a true copy of the legal notice which has been published 1 times in said newspaper.

Oath is further made that the said notice was published on the following dates, to wit:

June 5, 2014

262



Ben Garrett, Editor

Sworn to and subscribed before me this 19th day of June, 2014.

June 20, 2014

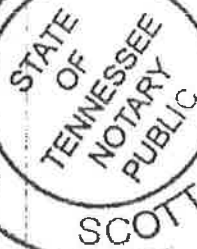
12:06 pm



Cora H. Queener, Notary at Large
State of Tennessee

Commission Expires June 21, 2017

SUPPLEMENTAL #1



Acct. # 250490

STATE OF TENNESSEE
263

June 20, 2014

COST OF PUBLICATION

COUNTY OF MONROE

12:06 pm

First Insertion \$ _____

PERSONALLY appeared before me Lina Huckabay

Second Insertion \$ _____

who being duly sworn, made oath that he/she is a

Third Insertion \$ _____

representative of the Publisher of the MONROE COUNTY

Fourth Insertion \$ _____

ADVOCATE/DEMOCRAT, a newspaper of general circulation,

Fifth Insertion \$ _____

published in the City of Sweetwater, County of Monroe, State of Tennessee

Total \$98.40

and that the hereto attached publication appeared

in the same on the following dates :

NOTIFICATION OF INTENT

06/04/2014

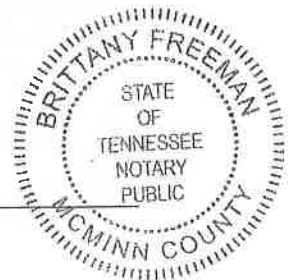
The ADVOCATE & DEMOCRAT

P.O. BOX 389, SWEETWATER, TN 37874

(423) 337-7101

Subscribed and sworn to before me on this 19th day
of June, 2014Newspaper Representative: Lina HuckabayNotary Public: Brittany FreemanMy Commission Expires: 8-22-17

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.



Habitat for Humanity

08.30.2014

SAVE THE DATE!
August 30, 2014

MUD RUN

Join the middle, 5K, 10K and 20K
With 20 challenging obstacles
your team will have
an experience that will leave you
speechless.

habitatmudrun.com Early Bird Registration
\$45 until June 30

Habitat for Humanity Mud Run Aug. 30th

When: August 30, 2014...Time: 8am-1pm (approximately)
Where: Cane Creek Park 201 CC Camp Rd. Cookeville, TN
Price: \$45 per person for Early Bird Registration or \$55 per person, teams of five only. Contact Melissa at 528-1711 ext 7 for more info or at melissa@phabitat.org.

Check out our website:
www.pickettcountypress.com

CLASSIFIED ADS

are now on
www.pickettcountypress.com
as well as

•Top Stories •Sports •Community Calendar
•Obituaries •Church Notices •Archives

**URGENT NEWS IF YOU USED
TESTOSTERONE**

HEART ATTACK OR STROKE?

Studies show that using Testosterone products may significantly increase your risk of a heart attack, stroke, blood clots and death. If you or a loved one has suffered any of these injuries, call 1-800-THE-EAGLE now about making a claim for substantial monetary compensation. No fees or costs until your case is settled or won. We practice law only in Arizona, but associate with lawyers throughout the U.S.

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(1-800-843-3245)
www.1800theeagle.com

Time for a Change?

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What are you waiting for?

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**You'll get the
Galaxy S'5
for \$0 down.
We'll pay off
your old contract.**

**Hello
Better:**

U.S. Cellular will pay your old contract so you can get the Galaxy S5 for \$0 down. Best of all, it comes on a contract with ALL-TO coverage for only 99¢ per month.



Samsung GALAXY S5
4G

CoffeeTALK Livingston
1030 W. Main St. (Across from the Co-Op), 531-621-8255

CALL FOR STORE HOURS

LEGAL NOTICES

NOTICE OF TRUSTEE'S SALE

WHEREAS, default has occurred in the performance of the covenants, terms, and conditions of a Deed of Trust Trust dated May 10, 2007, and the Deed of Trust of even date securing the same, recorded May 24, 2007, at Book TD 101, Page 45 in Office of the Registrar of Deeds for Pickett County, Tennessee, executed by Paula C. Gist and Daniel Kiech, conveying certain property therein described to Lenders: First Choice as Trustee for Mortgage Electronic Registration Systems, Inc., as nominee for Nationpoint, A Div. of FFCC, an OP. Sub. of MUBAT Co., FSB, its successors and assigns; and the undersigned, Wilson & Associates, P.L.L.C., having been appointed Successor Trustee.

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable; and that an agent of Wilson & Associates, P.L.L.C., as Successor Trustee, by virtue of the power, duty, and authority vested in and imposed upon said Successor Trustee will, on June 12, 2014, on or about 2:00 P.M., at the Pickett County Courthouse, Byrdstown, Tennessee, offer for sale certain property hereinafter described to the highest bidder FOR cash funds paid at the conclusion of the sale, or credit bid from a bank or other lending entity pre-approved by the successor trustee. The sale is free from all exemptions, which are expressly waived in the Deed of Trust, said property being real estate situated in Pickett County, Tennessee, and being more particularly described as follows:

Being Tract Number 18 of Oak Leaf Estates, a Development depicted on an unrecorded Survey Plat prepared by James E. Helton, Registered Land Surveyor Number 1749, and beginning at a 5/8 inch rebar set in the Northwest right of way of Eagle Crest Lane, said point being the Easternmost corner of Tract Number 17 of Oak Leaf Estates and the Southernmost corner of the property described herein; thence leaving said right of way and running with the Northeast line of Tract Number 17, North 32 degrees 38 minutes 47 seconds West 340.49 feet to a 5/8 inch rebar set in the Southeast right of way of Eagle Crest Lane, said point being the Northernmost corner of Tract Number 17 and the Westernmost corner of the property described herein; thence leaving Tract Number 17 and running with said right of way, North 33 degrees 27 minutes 21 seconds East 113.86 feet to a 1/2 inch rebar set in said right of way at the beginning of a curve (radius is 275.00 feet; delta is 32 degrees 53 minutes 02 seconds) to the right; thence with said right of way and said curve a chord bearing and distance of North 69 degrees 53 minutes 52 seconds East 155.67 feet to a 1/2 inch rebar set; thence continuing with said right of way North 86 degrees 20 minutes 23 seconds East 247.80 feet to a 1/2 inch rebar set at the beginning of a curve (radius is 30.00 feet; delta is 125 degrees 08 minutes 09 seconds) to the right; thence with said right of way and said curve a chord bearing and distance of South 31 degrees 05 minutes 33 seconds East 53.25 feet to a 1/2 inch rebar set; thence continuing with said right of way South 31 degrees 28 minutes 32 seconds West 152.67 feet to a 1/2 inch rebar set at the beginning of a curve (radius is 875.00 feet; delta is 17 degrees 49 minutes 09 seconds) to the right; thence with the said right of way and said curve a chord bearing and distance of South 49 degrees 23 minutes 06 seconds West 203.08 feet to a 1/2 inch rebar set; thence continuing with said right of way South 69 degrees 17 minutes 41 seconds West 127.84 feet to the point of beginning and continuing 2.797 acres, by Survey.

ALSO KNOWN AS: 186 Eagle Crest Drive, Byrdstown, Tennessee 38549

This sale is subject to all matters shown on any applicable recorded plat; any unpaid taxes; any restrictive covenants, easements, or setback lines that may be applicable; any statutory rights of redemption of any governmental agency, state or federal; any prior liens or encumbrances as well as any provisions stated by a future filing; and to any matter that an accurate survey of the premises might disclose. In addition, the following parties may claim an interest in the above-referenced property: Paula C. Gist, Daniel Kiech.

The sale held pursuant to this Notice may be rescinded at the Successor Trustee's option at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. WVA No. 931 245745

DATED May 13, 2014

WILSON & ASSOCIATES, P.L.L.C., Successor Trustee
20 E. Main St. Suite 101
Shelby, Tennessee 38201
FOR SALE INFORMATION, VISIT
WWW.MYFIR.COM AND WWW.REALTYTRAC.COM
528-255-94

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3001 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. (Coram) is currently licensed in the following counties: Bedford, Bedford, Cannon, Cheatham, Clay, Collier, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Mason, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Tennessee, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 5, 2014.

The contact person for this project is: A. Culter Cross, Attorney, who may be reached at Harwell Howard Hyne Galtbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615-256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to: Health Services and Development Agency, Andrew Jackson Building, 9th Floor, 502 Deaderick Street, Nashville, Tennessee 37243.

The published statement of intent must contain the following statement pursuant to T.C.A. § 68-11-107(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Notice to Bid

Pickett County General
Government is currently accepting
sealed bids for the purpose of

PROVIDING MEALS

for the prisoners of the
Pickett County Jail

Bid specifications may be picked up at the Pickett County Executive's Office. All bids must be received on or before June 13, 2014 by 12:00 noon.

Pickett County has the right to reject any or all bids.

**MAIL
SUBSCRIPTION
PAYMENT**

to Pickett County Press
PO Box 268,
Byrdstown, TN 38549

Pickett County \$15 year
Inside Tennessee \$25 year
Out of State \$30.00 year

**UPCHURCH
CARPET**

Hwy. 187B, Albany, Ky.
(606) 387-8522

We have the floor for you!

- Carpet •Vinyl
- Quick Step Laminates USA
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- Maple •Thinsert •Grout
- Somerset, Ky. Hardwood

all pre-finished
Installation available for all floors!



**TENNESSEE COLLEGE
OF APPLIED TECHNOLOGY**
LIVINGSTON

Now Hiring (2) Part-time Positions

Two (2) Part-time Health Science Instructor

Minimum Qualifications: Possess a Practical Nursing License or be a Registered Nurse. Minimum 12 months of nursing experience within the last 2 years. Recently with long-term own experience. Evidence of potential ability to instruct, secure interest in teaching and nursing, understanding and enthusiasm for the program, strong interpersonal skills, and high standards of personal and professional ethics.

Responsibilities: Classroom and lab instruction of high school students for 20-28 hours/week. Teach designated theory portion of the curriculum. Monitor, grade, and evaluate students' progress. Maintain appropriate records.

Successful candidate will be required to pass background check/drug screen.

No benefits accompany this position.

**The hiring of these positions is contingent upon the program securing adequate funding and sufficient class enrollment numbers. One Position will be for Jackson County and one position will be for Putnam County

Part-time Custodian

Must be able to communicate effectively. Must be able to understand and follow instructions and directions. Must have a high school diploma or GED. Must be able to work 20-25 hours/week at \$11.00 per hour, Monday - Friday. No benefits accompany this position. Must have a professional attitude and work well with others. Must know how to use chemicals safely and maintain a safe working environment. Be able to climb ladders, stairs, ladders, stairs, twist and turn lift up to 50 pounds. Do repetitive movements and tasks. Clean interior and exterior buildings, interior classrooms, halls, restrooms, waxing and stripping floors, emptying trash, cleaning windows, etc. Must have a valid driver's license for the State of Tennessee. Must have an established work history (reference and criminal background check will be required).

Interested applicants must submit a resume, completed TCAT application, and official transcripts

Applications can be picked up or mailed on our website at www.tcat-tn.edu. Deadline for applications and resumes is June 20, 2014, by 4:00 p.m.

Send completed applications to:

Ms. Suzanne Smith
Tennessee College of Applied Technology - Livingston
P.O. Box 219, 740 H. Tech Drive
Livingston, TN 38350

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A TENNESSEE BOARD OF REGENTS INSTITUTION

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333 COMMERCE ST, STE 1500
NASHVILLE TN 37201

**** Advertising Invoice ****

2014-06-05 To 2014-06-18

Remit To-> LAFOLLETTE PRESS
LANDMARK COMM. NEWSPAPERS
PO BOX 1118
SHELBYVILLE, KY 40066-1118

--- Advertising Invoice ---

Date	Description	Rep	Job No	Size	Total
2014-06-05	CORAM CERT OF NEED RETAIL DISPLAY	262	000IGH9	16.00	136.80

COUNTY OF CAMPBELL

AFFIDAVIT OF PUBLICATION

The above personally appeared before me the undersigned, Michell Daugherty with whom I am personally acquainted, and who makes oath in due form of law that she is the Circulation Manager of the LaFollette Press a newspaper published in LaFollette, Tennessee and that the Notice was published in said LaFollette Press on the dates as printed on above. This Notice also appeared on the LaFollette Press web site at www.lafollettepress.com and also on the State of Tennessee web site at www.tnpublicnotice.com for all runs as required by Tenn Cod Ann.

1-3-120 (2013). There will only be one tear sheet attached to cover all runs.

SIGNED: Michell Daugherty, Circulation Manager

Subscribed and sworn to before me this 18 day of June 2014

NOTARY PUBLIC: Karen L. Cumorich

My commission expires October 20, 2014

NOTARY SEAL



Sales Tax	0.00
Sub Total	136.80

Invoice Total

136.80

11:00 AM at the Front Door
of the Courthouse

June 20
 Tuesday, June 19, 2014 commencing
 at 11:00 A.M. at the Front Door
 of the Campbell County Courthouse,
 Campbell County, Tennessee
 to sell at public outcry to the highest and best
 bidder for cash, the following
 described property, to wit:
 Situated in County of
 Campbell, State of Tennes-
 see.
 Situated in District No.

Factor
Context

Mobile

[illegible]

SUBSTITUTE TRUSTEE'S SALE
Default having been made in the payment of the debts and obligations secured to be paid by a certain Deed of Trust executed February 26, 2013 by Ricky Allen Eastridge, married, and Karen Elaine Eastridge, married to Craig R. Allen, as Trustee, and recorded in the office of the Register of Campbell County, Tennessee, in Book T605, Page 142, and the undersigned having been appointed Substitute Trustee by instrument recorded in the said Register's Office, and the owner of the debt secured, Green Tree Servicing LLC, having requested the undersigned to advertise and sell the property described in and conveyed by said Deed of Trust, all of said indebtedness having matured by default in the payment of a part thereof, at the option of the owner, this is to give notice that the un-

One (1) of Campbell County, Tennessee, and being in full compliance with the following: Being all of Lot Twenty-Four (24) of the Glade Springs Estates Subdivision, as shown on the survey of the said property, as recorded in the Register's Office in Book 20-A, in the Register's Office for Campbell County, Tennessee. For reference is hereby made to this conveyance is subject to any and all restrictions, easements, setback lines, conditions, plat of record and encumbrances of record in the Register's Office in the said county, Tennessee.

Tax Parcel ID: 077-P-096.00

Property Address: 5101 Glade Springs Road, La Follette, TN 37773

Other Interested Parties: Branch Banking and Trust Company

All right and equity redemption, homestead ar-

[illegible]

June 20, 2014

12:06 pm

The STANDARD BANNER

● P.O. Box 310 ● Jefferson City, Tennessee 37760 ● Phone (865) 475-2081

Affidavit of Publication

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS Specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed intends to file an application for a Certificate of Need for the establishment of a limited service home health agency, only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cooke, Fentress, Grainger, Greene, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Blount, Gannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alex Coulter, Gross, Aronow, who may be reached at Farwell, Howard, Hyme, Gaudert & Manner PC, 333 Commerce Street, Suite 1500, Nashville, TN 37203, 615-7258-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any healthcare institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

State of Tennessee
County of Jefferson

Dale C. Gentry, being duly sworn, deposes and says that he is the Publisher of the Standard Banner, a twice a week newspaper published at Jefferson City, Tennessee, and that the notice hereto attached was published for 040 consecutive issues in said paper, and on the web at www.standardbanner.com and www.publicnoticeads.com, and that the total cost is \$ 104.63, as indicated on the attached invoice.

Dale C. Gentry
Publisher

Sworn and subscribed before me
this 3 day of
June, 2014.

James W. Gentry
Notary Public

April 17
My commission expires



June 20, 2014**12:06 pm**

STATE OF TENNESSEE
COUNTY OF CARTER

Melissa Thompson OF SAID
COUNTY BEING DULY SWORN, DEPOSETH AND
SAITH THAT SHE IS THE ASSISTANT TREASURER
OF THE ELIZABETHTON STAR, A NEWSPAPER
PUBLISHED AT ELIZABETHTON IN THE COUNTY
OF CARTER, STATE OF TENNESSEE, AND THE
ORDER AND NOTICE, OF WHICH IS ANNEXED IS
A TRUE COPY, WHICH WAS PUBLISHED IN SAID
PAPER FOR one ^{(DAY) INSERTION.} CONSECUTIVE WEEKS,

COMMENCING ON THE 4th DAY OF June, 20 14
AND ENDING ON THE 4th DAY OF June, 20 14

Melissa Thompson

Sworn to and subscribed before me this
the 4th day of June, 20 14

Kristina Cruz

NOTARY PUBLIC

My commission expires June 4, 2017



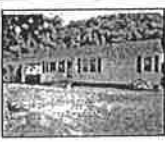
Elizabethton Star Classifieds

To place a Classified ad, call

542P1-5301NTAL #1

Phone: 542-1530 | Fax: 542-2004 | E-mail: classifieds@starhq.com | www.starhq.com

042 Houses For Sale

1100 LYNNDALE DRIVE
\$103,500

This immaculately kept three bedroom home has been completely remodeled just three years ago. Updates to this home include: a new architectural shingled roof, a new heat pump, new windows, and new electrical service all done in 2011.

Remax
Checkmate, Inc.
282-0432
Jay Crockett
Cell:
(423)411-6884

139 Sunny Acres
Elizabethton
\$129,900

4-bd., 2 baths. Beautifully remodeled 3-bedroom home upstairs. Finished basement includes den with second fireplace and French doors to deck. 4th bedroom, 2nd full bath, 1 car garage and a shop/office with separate entrance.

Shar Saldia
Realty Executives
Johnson City
423-895-0430
423-852-0226,
ext. 132

140 BERYL BLEVINS
\$75,900
JUST REDUCED!

This well-maintained 2 bedroom, 1.5 bath townhouse is located in the heart of Lynn Valley. New windows, new paint, and new kitchen floor.

Remax
Checkmate, Inc.
282-0432
Jay Crockett
Cell:
(423)411-6884

208 OLLIE COLLINS
\$69,900

Affordably priced this three bedroom 1.5 bath home offers a quiet country setting. This home has an architect shingled roof and replacement windows.

Remax
Checkmate, Inc.
282-0432
Jay Crockett
Cell:
(423)411-6884

042 Houses For Sale

257 Lakeview Drive -
Bluff City
\$164,900

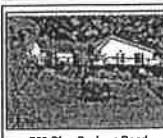
Need to live close to family but not with them? Like new duplex, 1,720 square feet. Each unit is a 2 bedroom 2-bath. All on one level. Wonderful central location between Bristol and Johnson City, across street from Boone Lake. Heat pump. Architectural shingles. Half-acre lot in beautiful setting.

Shar Saldia
Realty Executives
Johnson City
423-895-0430
423-852-0226,
ext. 132

269 Samps Hollow
Elizabethton
\$245,000

You won't believe the gorgeous long-distance view! 3 bedroom, 2 bath, 2,128 sq. ft. Remodeled home on 5 acres. Spacious open floor plan. Fireplaces in both dining room and lodge style living room. 4 stall horse barn w/lock room. Full basement. 2-car garage.

Shar Saldia
Realty Executives
Johnson City
423-895-0430
423-852-0226,
ext. 132

700 Blue Springs Road
Elizabethton
REDUCED!
\$110,800

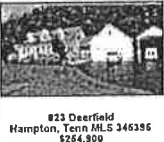
Beautiful 3 bedroom, 2 bath ranch with modern updates. Vaulted ceilings and 2 gas-log stone fireplaces, one in living room and one in master bedroom. L-shaped property even includes creek at road.

Shar Saldia
Realty Executives
Johnson City
423-895-0430
423-852-0226,
ext. 132

319 467 285
87 29 53 61 14
4 6 5 1 8 2 3 9 7
7 5 4 3 9 1 8 6 2
2 8 3 6 7 4 9 5 1
1 9 6 8 2 5 7 4 3
9 2 7 5 1 6 4 3 8
6 3 1 2 4 8 5 7 9
5 4 8 7 3 9 1 2 6

READ IT
ONLINE
www.starhq.com

042 Houses For Sale

821 Deerfield
Hampton, Tenn. 37636
\$254,900

This is a great family home within walking distance to the school. The home backs up to the national forest so you never have to worry about neighbors behind you. Dead end street so no traffic. Close to the lake and minutes to town. The home features Master on the main level and a another bedroom on main level. Large great room with fireplace. Large dining room and a kitchen that is a dream. Lots of cabinets, stainless steel appliances, large work space and it's all granite. Large covered front porch and large deck on the back. Upstairs features 2 additional bedrooms and a huge bonus room. All baths are tile and granite. Lots of hardwoods. Laundry room even has granite! 16 x 28 garage and 16 x 40 carport for your motor home or boat.

Shar Saldia
Realty Executives
Johnson City
423-895-0430
423-852-0226,
ext. 132

042 Houses For Sale

RANGER DRIVE
ELIZABETHTON
\$269,000

Own a mountain with 2 cabins (one beside creek) and awesome mountain views. Adirondack national forest, 47+/- acres. Trails and logging roads all over for easier access. In Hunter community, only about 15 minutes to Bristol Motor Speedway. Unique property has potential for a multitude of uses - as single family estate, RV campground or hunting land. Breathtaking views from several areas. Level areas near top.

Shar Saldia
Realty Executives
Johnson City
423-895-0430
423-852-0226,
ext. 132

059 Autos For Sale

AUTOS & TRUCKS WANTED
Buying junk & running vehicles. Make this your first call. Paying up to \$800, and maybe more. Call 423-297-2626



To The 9s

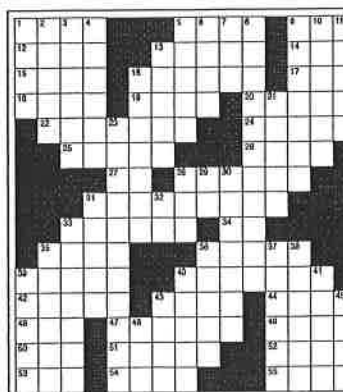
Concepts Sudoku

By Dave Green

			4	6	7			
		2				6		
	6	5				3	9	
7								2
2								1
	9	6	8		5	7	4	
			5		6			
	1					5		
	8	7	3	9	1			

Difficulty Level ★★

CROSSWORD FUN



CLUES ACROSS

- Posttraumatic stress disorder
- Brewed beverage
- Where wine ferments, abbr.
- "Rule, Britannia" composer
- Used to stop a vehicle
- Macaws
- Days (Spanish)
- Liquid food dressings
- A male ferret
- Devenport
- Hyperbolic cosecant
- Accepted practice
- A salt of sulphuric acid
- Bombax ceiba
- Rock
- berry-bog fruit
- Overdose
- Madames
- Marked by complexity of detail
- Catheter genus
- 1/1000 of an ampere
- A country in SE Asia
- Satisfies fully
- Dimension
- Bet
- NW German seaport
- An academic gown
- Sour to the taste
- Monkey
- Comes to the same value
- Dry (esp. of vegetation)
- Vietnam Veterans Memorial artist
- Napped leather
- Mild yellow Dutch cheese
- Tooth caregiver
- Impertinence
- Art, 1930's design

CLUES DOWN

- A lily's floating leaves
- Ills
- Goofs
- Remove salt
- Lee,kung fu actor
- Every one considered individually
- Supplement with difficulty
- A way to bring back
- Nassau is the capital
- Heavy work shoe
- A descriptive marker
- Saw temporarily
- A disgraceful event
- "Yes - Bob" - absolutely
- The trait of acting stupidly
- Smoked salmon
- Atomic #18
- Restitution
- Give expression on stage
- College degree
- Makes unhappy
- Clear or transparent
- Hair used for artist's brushes
- Removed pencil marks
- Withdraw from a union
- Wooded district (Br.)
- Latin dictatorias
- Physicist Paul Adrien Maurice
- Feels regret
- Exhibit usage
- By virtue of being



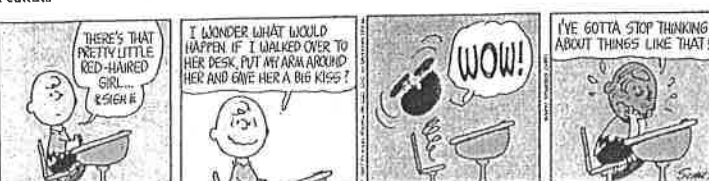
The Flying McCoys



Garfield



Peanuts



PROOF OF PUBLICATION

Acct. Name:

HARWELL HOWARD HYNE

Acct. # 250552

STATE OF TENNESSEE

COST OF PUBLICATION

COUNTY OF HAWKINS

Total \$110.00

PERSONALLY appeared before me

Tommy Campbell

_____ of Hawkins County, Tennessee.

who being duly sworn, made oath that he/she is a

representative of the Publisher of THE ROGERSVILLE REVIEW,

a newspaper of general circulation, published in the City of

Rogersville, County of Hawkins and State of Tennessee and that the

hereto attached publication appeared in the same on the

following dates:

PUBLICATION OF INTENT

06/04/2014

The Rogersville Review

P.O. BOX 100, ROGERSVILLE, TN 37857

(423) 272-7422

Subscribed and sworn to before me on this 4th day

of June, 2014



Newspaper Representative: _____

Notary Public: _____

My Commission Expires: _____

May 06, 2018

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.

June 20, 2014**12:06 pm****NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED**

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

1x 06/04/2014



The Newspaper Publishing Company, Inc.

SUPPLEMENTAL #1

Polk County News

12:06 pm

PO Box 129 • #3 Main Street • Benton TN 37307
423-338-2818 • 423-496-4066 • 423-338-4574 (FAX)
www.polknewsonline.com • polkpublisher@gmail.com

State of Tennessee
County of Polk
Benton, Tennessee

Certificate of Publication

I, Cheryl Buehler, Publisher of the Polk County News-Citizen Advance, a weekly newspaper published each Wednesday in Benton, Polk County, Tennessee, hereby certify the publication of:

Notice of Intent

placed by h3gm

333 Commerce St #1500, Nashville 37201

published 1 times on 6/4, 2014.

Cost of said publication is \$ 123.50

Cheryl Buehler
Cheryl Buehler



Appeared to me this day 6/12/14

Richmond Clayton
My commissioner expires June 18, 2017

June 4, 2014, Polk County News, Page 11

TRUSTEE'S SALE

WHEREAS, default has occurred in the performance of the covenants, terms, and conditions of a Deed of Trust Note dated January 23, 2004, and the Deed of Trust of even date securing the same, recorded January 29, 2004, at Book TD300, Page 547 in the Office of the Register of Deeds for Polk County, Tennessee, executed by Claudette Taylor and Nathaniel Taylor, conveying certain property therein described to Laura M. Crawford as Trustee for Mortgage Electronic Registration Systems, Inc., as nominee for First American Equity Corp., its successors and assigns; and the undersigned, Wilson & Associates, P.L.L.C., having been appointed Successor Trustee.

NOW, THEREFORE, notice is hereby given that the entire indebtedness has been declared due and payable, and that an agent of Wilson & Associates, P.L.L.C., as Successor Trustee, by virtue of the power, duty, and authority vested in and imposed upon said Successor Trustee will on June 30, 2014, on or about 1:00 P.M., at the Polk County Courthouse, Benton, Tennessee, offer for sale certain property hereinafter described to the highest bidder FOR CERTIFIED FUNDS paid at the conclusion of the sale, or credit bid from a bank or other lending entity pre-approved by the Successor Trustee. The sale is free from all exemptions which are expressly waived in the Deed of Trust, and property being real estate situated in Polk County, Tennessee, and being more particularly described as follows:

A certain tract of land situated in the Third Civil District, near Turtletown, Polk County, Tennessee, and more particularly described as follows:

Beginning at an iron peg and white oak tree on the Gaddis line and running approximately 400 feet in a Northwesterly direction to an iron peg and white oak tree in the cove; thence in a southwest direction approximately 380 feet to a white oak and iron peg

a Southern direction with the Byrd line approximately 200 feet to the old county road thence in an easterly direction with the said county road to an iron peg at the Gaddis line; thence in a Northerly direction with the Gaddis line approximately 250 feet to the point of beginning.

ALSO KNOWN AS: 4901 Highway 63, Turtletown, Tennessee 37291

This sale is subject to all matters shown on any applicable recorded plat; any unpaid taxes; any restrictive covenants, easements, or setback lines that may be applicable; any statutory rights of redemption of any governmental agency, state or federal; any prior liens or encumbrances as well as any priority created by a future filing; and to any matter that an accurate survey of the premises might disclose. In addition, the following parties may claim an interest in the above-referenced property: Claudette Taylor, Nathaniel Taylor, Estate of Nathaniel Taylor, Heirs of any of Nathaniel Taylor.

The sale held pursuant to this Notice may be readjusted at the Successor Trustee's option at any time. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon announcement at the time and place for the sale set forth above. W&A No. 200-245746

DATED May 22, 2014

INSERTION DATES:
WILSON & ASSOCIATES,
P.L.L.C.,

Successor Trustee
June 4, 2014
June 11, 2014
June 18, 2014

F.O.R. S.A.L.E
INFORMATION: VISIT
WWW.MEFUR.COM and
WWW.REALTYTRAC.COM

NOTIFICATION OF
INTENT TO APPLY FOR
A CERTIFICATE OF
NEED

This is to provide official notice to the Health Services

and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services, ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Union, Van Buren, and Washington from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932, with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014. The contact person for this project is Alex Coulter Cross, Attorney, who may be reached at Harwell Hovard Hynes Gabben & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/255-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson
Building 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

NOTICE OF
SUCCESSOR
TRUSTEE'S SALE

Default having been made in the terms, conditions, and payments provided for in that certain Deed of Trust dated December 3, 2007, of record in Book TD 231, Page 624, Registered Office for Polk County, Tennessee, ("ROPC") from Ricky Lee Waters and wife, Dawn Waters ("Borrower") to David S. Humbert ("Trustee") securing the indebtedness therein described, which indebtedness is now due and unpaid, and has been declared in default by the lawful owner and holder thereof; and

WHEREAS, the undersigned, Douglas R. Johnson, Successor Trustee, having been appointed Successor Trustee of record in Book MS 150, Page 243, said Registered Office

to serve in the place and stead of David S. Humbert, Trustee; and

NOW, THEREFORE, Douglas R. Johnson, Successor Trustee, pursuant to said Deed of Trust, having been requested by First Volunteer Bank, as successor in interest to Benton Banking Company, the owner and holder of said indebtedness to do so; and by virtue of the authority and power vested in me by said Deed of Trust

will on June 25, 2014 at 3:30 p.m. at the west door of the Polk County Courthouse in Benton, Polk County, Tennessee, sell at public outcry to the highest bidder for cash (or credit upon the indebtedness secured if the lawful owner and holder thereof is the successful purchaser), free from the equity of redemption, the statutory right of redemption, homestead, dower, elective share, and all other exemptions of Borrower of every kind, all of which have been expressly waived by Borrower, the following described property located in the First Civil District of Polk County, Tennessee:

BEING LOT NO. 2 IN BLOCK "H" OF THE HIASSEE RIVERIA ESTATES as shown on map or plat of record in Plat Book 2, Page 59 in the Register's Office of Polk County, Tennessee and being more particularly described as

BEGINNING at a point in the East line of East Central Avenue, which point is the Southwest corner of the herein conveyed lot and the Northwest corner of Lot No. 1 of said Block and which is located Northeast along the East line of East Central Avenue, 100 feet from the extension of said Avenue at its intersection with the extension of the North line of Woodbine Drive; and thence running along and with the East line of said East Central Avenue, in a Northeasterly direction, 100 feet to the South line of Lot No. 3 of said Block; thence running along and with the South line of said Lot No. 3 in an Eastern direction 200 feet to the Northwest line of Lot No. 8 of said Block; and thence along and with the Northwest line of Lots Nos. 8 and 7 in

Southeasterly direction, 80 feet to the North line of Lot No. 1 of said Block; thence along and with the North line of said Lot No. 1 in a westerly direction, 150 feet to the point of beginning.

SUBJECT TO Restriction recorded in Misc. Book 27, Page 176, ROPC.

This property is commonly known as: 114 Central Avenue, Benton TN 37307.

Map A
Parcel 018C-C01600

Additionally, the property is encumbered by a prior lien to Glen J. Hentler, Jr., Trustee for Farmer Home Administration, P.O. Box 790301, St. Louis, MO 63179, by Deed of Trust dated April 3, 1981, of record in Book TB 86, Page 76 ROPC and Modified at TB 110, Page 329 ROPC. Notice of the Trustee's foreclosure sale has been provided to all interested parties.

This sale is subject to liens, easements, encumbrances, property taxes, rights of redemption of taxing entities and other matters which are prior in right to the lien of the aforesaid Deed of Trust.

The right is reserved to adjourn the day of the sale to another day, time and place certain without further publication, upon announcement at the time and place for the sale set forth above. The Trustee (Successor Trustee) reserves the right to rescind the sale.

In the event the highest bidder does not honor the highest bid within 24 hours, the next highest bidder at the next highest bid will be deemed the successful bidder.

Dated: June 2, 2014
Douglas R. Johnson, Successor Trustee
Post Office Box 2188
Chattanooga, TN 37409

THIS IS AN ATTEMPT
TO COLLECT A DEBT.
ANY INFORMATION
GATHERED WILL
BE USED FOR THAT
PURPOSE.

for profit corporation to

an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMin, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Rhea, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternare Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Tennesse, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 6, 2014. The contact person for this project is Alex Coulter Cross, Attorney, who may be reached at Harwell Howard Hyatt Gabbert & Munster PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37203, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building,
9th Floor
503 Deaderick Street
Nashville, Tennessee 37243

The published list of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the conclusion of the application by the Agency.

Public Notices

Public Notice
The Town of Bean Station will hold a public hearing on Budget Amendment Ordinance #2014-05-100 at Bean Station Town Hall on June 23, 2014 at 5 P.M. Citizens encouraged to attend.

Public Notice

We are applying for a new title for a late 1993 Jeep Wrangler (VIN) 1J4FV2981P239023. Anyone who holds an interest in this vehicle has (10) days from this date of publication to contact me via registered letter to prove a legal claim. 1823 Broadway Drive, Bean Station, TN 37708

The City of Blaine Board of Zoning Appeals will meet Monday, June 9th at 6:30 P.M. at Blaine City Hall.

The Blaine Municipal Planning Commission will meet Monday, June 9th at 6:45 P.M. at Blaine City Hall.

Animals

TRI-COUNTY ANIMAL CLINIC
- Welcomes You -
• Drop-Offs Welcome
• Walk-Ins Welcome
NO APPOINTMENT NECESSARY
(865) 993-3370

TRI-COUNTY ANIMAL CLINIC
CUSTOMER APPRECIATION DAY
June 21, 2014
9 A.M. - 2 P.M.

FREE 8x10 portrait of pet, family or pet w/family. Just to say THANKS for doing business with us.

Call Rodney D. Atkins
(865) 850-8135 or
Tri-County Animal Clinic
(865) 993-3370

REMEMBER
Saturday, June 21st!

MAXX-PAID TRUCKS
BUSINESS OPPORTUNITY
ALSO: WOULD YOU BE INTERESTED IN A TRUCK?

Pet of the Week



Hi, my name is Sugar Smack. I'm an adult, 3-year old, female tabby. I like to lounge around on our family tree and look out the window. I'm very gentle and love to get attention. I was rescued as a young mother of three kittens. Now, I'm enjoying retirement from being a mother and would like to find somebody to share my life with. Would that be you? Please call Marj at (423) 733-8927.

If you are looking for a country girl here is the dog for you! Farrah is a 1 1/2 year old female retriever/pointer mix who is full of personality and absolutely perfect if you live out in the country or on a farm. She is completely house trained, leash trained, crate trained, farm safe and LOVES to go for rides in the truck. She is wonderful around goats, chickens, horses and cattle. Farrah loves water and is a very active dog but is just as happy laying on your feet watching TV. She does get along well with other dogs and is very social but Farrah would have to be the only dog in the home. Farrah is very protective of her people and is extremely loyal. But she gets very jealous if another dog is getting too much attention by her owner. Farrah does well around children but she prefers older children as she enjoys being the center of attention. Farrah is spayed, up to date on all her shots, wormed and flea/treated. If you are interested in a dog like Farrah call Rocky at (865) 567-0050.

SPAY/NEUTER DATES FOR JUNE 2014
The Grainger County Humane Society will host a pre-registered low cost Spay & Neuter Clinic on June 6th, 17th, and 25th for pets that have been registered prior to the surgery date, from 8 A.M. to 4 P.M. The PAL mobile unit will be at 147 Meadow Branch Rd. just off Hwy 35E in Bean Station. Pets must be pre-registered for Spay/Neuter and all other services. In register and receive information regarding these services, please call (865) 804-7121, between the hours of 9 A.M. and 5:30 P.M. Please do not call on the day of surgery.

Auctions

FRIDAY NITE AUCTION
JUNE 6 - 6 P.M.
Kyles Ford Auction & Real Estate Co.
3718 Kyles Ford Hwy
Route 33
Kyles Ford, TN
(423) 733-2904

Many Tools, Collectibles & Antiques including: Great Selection Exotic Large Mechanic's Snap-On, Wrenches including Snap-On, Several Good Lawn Mowers, 5-person Paddle Boat, 2 Off-Road Go-Karts, Alex Stewart Church, Indian Head Chorus, Beer Signs, Coca Cola Light, Wooden Butter Molds, Generator, 20' Ext. Ladder, Step Ladders, Vintage Kitchen Items, Motorcycle Lift Jack, Victorian Arm Chair, Child's Chipendale Chair, Radio Flyers, Crocks, Jugs, Kettles, Old Farm Tools, Delta Chop Saw, Recliners & Rockers, Wheelbarrows, 1952 US Army Kitchen Outfit, Double Enamel Sink w/Metal Cupboard, Antique Dbl Barrel Shotgun, Washer, Dryer, Flame Gun, Fireplace insert, Trowel, Sickle Mower & More! Visit kylesfordauction.com for pictures.

FL5544
Ad subject to errors & deletions

Boats

BOAT FOR SALE
1544 G-3 boat. All welded, foot-controlled trolling motor, depth finder, battery, seats, running lights, storage box and trailer. NO MOTOR. \$1,600. (423) 300-8732

Business Services

WHITT & SON
Cut and trim trees at low cost. We will beat anybody's prices. WANT? Housekeeper with respectable, good attitude. Prefer 50-year old or older. Good pay. Also have a 2 room apartment for rent. Call Whitt & Son any time (423) 317-9641. Home number (865) 935-0305

GRAINGER TODAY

ALAN'S APPLIANCE & PLUMBING REPAIR

We repair & install washers, dryers, garbage disposals, ranges, dishwashers, ice makers, refrigerators, water heaters, kitchen & bathroom faucets, commodes, outside faucets, drains cleaned, ceiling fans, electrical baseboard & wall heaters, thermostats, outside security lights, breakers, fuses, outlets & wall switches, light fixtures & lamps.
Low Rates: Quality work.
(423) 586-4704

AMYX METAL ROOFING
High Quality, Low Prices
FREE Estimates

Anyt
• Decks • Garages
• Remodeling
Call: Kevin Amyx
(423) 754-5850

PRIVATE MUSIC LESSONS
• Piano • Guitar • Ukulele
• Bass • Flute • Clarinet
• Sax • Trumpet • Trombone

Music Theory & Improvisation
Classical, Jazz, Rock & Pop
Children and Adult beginners welcome.
\$15 per half hour
Dan Lishin
(423) 736-9747

WRIGHT'S EXCAVATING
• Septic & Field Lines Installed
• Roads • Ponds • Yards
• House seats • Land clearing
• Footers • Basements
• Rock & Dirt Hauled etc.
(865) 850-9820

ATKINS EXCAVATING
Septic tanks, drain fill, footer and basements, dirt hauling, rock, backhoe, bobcat, track hoe and highlift work.
Call (865) 767-2103,
(865) 202-2252
(423) 312-4784.

K&L PRESSURE WASHING
Kevin & Lisa Norton
"A Spray Above The Rest"
Residential and Commercial
Free Estimates; Licensed & Insured
Reasonably Priced
(865) 318-1498 or
(865) 293-2455
klpowerwashing.com

Commercial
WANTED
2 business owners needed in Rutledge, TN. Call Rodney D. Atkins (865) 767-2020 or (865) 850-8135

Employment
Part-time local tractor/trailer driver needed. Local company. Home every night. Call (423) 327-5291 for details.

HELP WANTED
General Property Maintenance & Commercial Roof Maintenance
Must Have Drivers License & Past Drug Test
(865) 828-4696

Drivers: \$2500 Sign-On!
Regional fleet most runs within 700 mile radius of Church Hill, TN.
Warner Enterprises
1-855-614-8488

Warehouse positions
Full-time
Hourly Pay, with many opportunities for advancement (EO/AAE)
Old Dominion Freight Line, Inc.
3608 Ray Master Hwy
White Pine, TN 37890
Call for appt: 800-458-6333, x222

WANTED
Experienced dump truck drivers. Plenty of overtime. Late model trucks. MUST HAVE CLEAN MVR.
Apply at:
Claiborne Hauling
6210 Rutledge Pike
Knoxville, TN
(865) 540-4409

Blue Springs Baptist Church
Open House and Fish Fry
June 7th
9 A.M. - 3 P.M.

Door Prizes and Awards
For People's Choice Best Music Car and Top Ten
\$15 Entry Fee
Concessions and Bar
Sale with Fish Fry starting at 10:30 A.M.

Cherokee Lakefront RV Site
Large, beautiful RV lots right on the water. Available all year round. "You won't find lakefront like this anywhere else." \$250/month, 9 month minimum. Rodney D. Atkins (865) 850-8135

Mobile Homes
NICE 2 AND 3 BR MOBILE HOMES. Rent, rent-to-owns, Section 8, Bean Station, Moorehead, and Rogersville (423) 293-2102.

RV Lots
CHEROKEE LAKEFRONT RV SITE
Large, beautiful RV lots right on the water. Available all year round. "You won't find lakefront like this anywhere else." \$250/month, 9 month minimum. Rodney D. Atkins (865) 850-8135

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Drivers: Local/Regional/OTR
Excellent Pay/Benefit Package
Great Pay/Consistent Miles
Daily/Weekly/Bi-Weekly
Home Time
CDL-A Lys OTR exp. req.
855-842-8498

For Rent

VACATION CABIN IN GATLINBURG FOR RENT

Beautiful 3BR, 3BA (sleeps 14).
Go to:
www.vibco.com/58388
for more details and pics
or call (865) 363-8317.

FOR RENT
NEAR CHEROKEE LAKE
Mobile home, Central H/A,
\$400/month. Rodney D. Atkins
(865) 850-8135 or
(865) 767-2020

FOR RENT: 2BR, 1 1/2BA
apartment on the lake, just off
Lakeshore Drive. \$500/month,
\$450 deposit.
Call (423) 736-1840

The Rogersville Housing Authority is taking applications for 2 and 3 bedroom apartments at our Rogers Drive, Rutledge, TN development. Rent is based on income and includes utilities. HUD guidelines apply. EQUAL HOUSING OPPORTUNITY. Please call Rogersville Housing Authority at (423) 272-8540 if interested.

CHEROKEE LAKE MOBILE HOME FOR RENT
Beautiful lot right on the water. "You won't find lakefront like this anywhere else." Furnished \$600/month, \$600 deposit.
Call Rodney D. Atkins
(865) 767-2020 or
(865) 850-8135

MOBILE HOME FOR RENT
Beautiful private lot near Cherokee Lake. Large storage building, separate large carport. Nice spring on the property. \$650/month. Rodney D. Atkins (865) 850-8135 or (865) 767-2020

Hunting Leases
HUNTING LEASE
Excellent hunting area. Up to 4 people, \$1,000. Call Rodney D. Atkins (865) 767-2020 or (865) 850-8135

Lots For Rent
MOBILE HOME LOTS
FOR RENT
Backwaters Mobile Home Park Under New Management. Lots for rent, with walking access to the lake. Call for information (423) 327-5830.

Mattresses
New Queen Mattress
Still in plastic.
\$100
Call (865) 850-1079

Miscellaneous
FOR SALE: Pool table, slatted 1" thick w/accessories, \$400. Call (423) 587-2549.

Mobile Homes
NICE 2 AND 3 BR MOBILE HOMES. Rent, rent-to-owns, Section 8, Bean Station, Moorehead, and Rogersville (423) 293-2102.

RV Lots
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Large, beautiful RV lots right on the water. Available all year round. "You won't find lakefront like this anywhere else." \$250/month, 9 month minimum. Rodney D. Atkins (865) 850-8135

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\$15 Entry Fee
Concessions and Bar
Sale with Fish Fry starting at 10:30 A.M.

Cherokee Lakefront RV Site
Large, beautiful RV lots right on the water. Available all year round. "You won't find lakefront like this anywhere else." \$250/month, 9 month minimum. Rodney D. Atkins (865) 850-8135

Public Notice

Town of Bean Station Proposed Budget
The Town of Bean Station, TN hereby provides certain financial information for the 2014-2015 fiscal year budget in accordance with provisions of Chapter 484, Public Acts of 1991, as amended. A public hearing will be held concerning the budget at Town Hall on June 23, 2014 at 5:00 P.M.
All citizens are welcome to attend and participate.

GENERAL FUND	FY-2014 Approved	FY-2014 Estimated	FY-2013 Proposed
Revenues:			
Local Taxes	350,000.00	399,492.00	400,000.00
State of TN	464,680.00	474,613.00	481,200.00
Federal Gov't	212,500.00	190,700.00	200,000.00
Other Sources	207,970.00	207,442.00	209,500.00
Total Revenues	\$1,235,150.00	\$1,272,447.00	\$1,390,700.00
Expenditures:			
Salaries	451,233.00	494,764.00	493,916.00
Other Costs	785,917.00	777,683.00	626,273.00
Total Expenditures	\$1,237,150.00	\$1,272,447.00	\$1,120,189.00
Full Time Employees	14	14	14

Auctions

Auction
Saturday, June 7, 2014 at 10 A.M.
2,300 ACRES OF HOME ON 76 ACRES & PERSONAL PROPERTY

2,300 ACRES OF HOME ON 76 ACRES & PERSONAL PROPERTY
This is a rare opportunity to acquire a large tract of land with a home and personal property. The property is located in the heart of the community and is surrounded by some of the best homes in the area. The home is a large, modern, 4-bedroom, 3-bath home with a finished basement and a large deck. The property is also surrounded by some of the best homes in the area. The home is a large, modern, 4-bedroom, 3-bath home with a finished basement and a large deck. The property is also surrounded by some of the best homes in the area.

PERSONAL PROPERTY
Several important pieces of furniture and other items will be sold. The items include a large, modern, 4-bedroom, 3-bath home with a finished basement and a large deck. The property is also surrounded by some of the best homes in the area. The home is a large, modern, 4-bedroom, 3-bath home with a finished basement and a large deck. The property is also surrounded by some of the best homes in the area.

TERMS: REAL ESTATE: 10% down
at auction with balance due at closing within 30 days. 10% Buyer's Premium added to final bid in increments bid purchase price. Property is being sold AS IS. Cash, Check with Bank Letter, or Approved Cash Letter. Due to the long wait to receive the property, please come to the auction and see the property in person. The property is being sold AS IS. Cash, Check with Bank Letter, or Approved Cash Letter. Due to the long wait to receive the property, please come to the auction and see the property in person.

TERMS: PERSONAL PROPERTY: 10% down
at auction with balance due at closing within 30 days. 10% Buyer's Premium added to final bid in increments bid purchase price. Property is being sold AS IS. Cash, Check with Bank Letter, or Approved Cash Letter. Due to the long wait to receive the property, please come to the auction and see the property in person. The property is being sold AS IS. Cash, Check with Bank Letter, or Approved Cash Letter. Due to the long wait to receive the property, please come to the auction and see the property in person.

Clinch Mountain Realty & Auction, LLC
3734 Highway 25-E
Bean Station, TN 37708
www.clinchmountainrealtyandauction.com
Auction Services (865) 893-1AND FLN5167

Business Services
We are applying for a new title for a late 1993 Jeep Wrangler (VIN) 1J4FV2981P239023. Anyone who holds an interest in this vehicle has (10) days from this date of publication to contact me via registered letter to prove a legal claim. 1823 Broadway Drive, Bean Station, TN 37708

MOLD TOX
"Breathe Healthily"
THE NATIONWIDE COMPANY BY THOUSANDS WHEN MOLD TOX, LLC CAN INSTALL A DUCT-UP SYSTEM FOR A FRACTION OF THE COST!

Basement on Crawlspace Leaking?
Don't Overpay
THE NATIONWIDE COMPANY BY THOUSANDS WHEN MOLD TOX, LLC CAN INSTALL A DUCT-UP SYSTEM FOR A FRACTION OF THE COST!

Financing Available
WITH NO MONEY DOWN
and 0% INTEREST
Please call MOLD TOX, Mommy!

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WITH NO MONEY DOWN
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Cleveland Daily Banner

1505 2nd St., NW, P.O. Box 3600, Cleveland, TN 37320

ADVERTISING IS

ad help, the letter and

lited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair, and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

June 4, 2014

TENNESSEE, COUNTY OF BRADLEY

Guy _____ having first duly sworn,
that she is Legal Clerk of the
Cleveland Daily Banner, a daily newspaper published in
Bradley County and of general circulation therein, and that the
true copy of the legal notice which has been
published _____ times in said newspaper and online at
clevelandbanner.com and www.tnpublicnotice.com
on _____ dates, to wit:

CVS 6/4 *159463

_____ is due X has been paid the said
Cleveland Daily Banner for such publication the sum of

_____ hundred ninety-nine Dollars and 50/100

_____ fully complies with Tennessee Code
_____ 120.

Vicki Guy

Legal Clerk

_____ subscribed before me this 4th day of June

Joyce Taylor
Notary Public

My Commission expires:

1-23-2018

JOYCE TAYLOR

To: Harwell, Howard, Hyne, Gabbert, & Manner P.C
Advertising: Notice of Notification of Intent
State of Tennessee
County of Anderson

Subscribed and sworn before me and in my Presence, the undersigned, a Notary Public. in and for said county, this day personally came Darrell Richardson who being first duly sworn, according to law say that he is the Publisher of The Oak Ridger, a daily newspaper published at Oak Ridge, in said County and State, and that the advertisement of the Notice of Notification of Intent , published June 5, 2014, and that the statement of account herewith is correct to the best of his knowledge and belief.

Darrell Richardson

Subscribed and sworn to before me in my Presence, this 5 day
of June, 2014 a Notary Public in and for
the County of Anderson, State of Tennessee

Carolyn B. Skyberg
NOTARY PUBLIC, Carolyn B. Skyberg

My commission expires March 1st, 2015



67 Garage/Yard Sales

ESTATE SALE
121 Wendover Circle
Thur. 5-9p, Fri. 10a-2p
LR, DR, Basement,
Garage, Kitch, Den,
purplevanpeople.com

Estate Sale 840 Butler
Mill Rd OS Fri 8a-6p
Sat 8a-3p
No Early sales.

Estate Sale 849 Poplar
Creek Rd OS Fri & Sat.
8a-2p HH items & furn.
No Early Sales!

ResourceMFG

Immediate Openings!!!!

Fork Truck Drivers
Welders

Machine Operators

Summer Packaging Associate

- All shifts available, Including Weekend
- Opportunity for OT
- High School Diploma or GED required (for most positions)
- Drug Screen required
- Pay \$8.00-\$10/hr based on position
- We offer Medical, Dental & Short Term Disability

Apply online at www.resourcemfg.com
Call 865-463-0570 Clinton Branch

HALLMARK AT OAK RIDGE

500 TUSKEGEE DRIVE
OAK RIDGE, TN 378

1, 2 & 3 BEDROOM APARTMENTS
HOMES AVAILABLE!!!

EACH UNIT EQUIPPED WITH
WASHER & DRYER.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that the Health Services and Development Agency, that is a corporation, with an ownership type of for-profit, is planning to provide home health agency only to provide and administer home infusion products and related infusion nursing services to patients in its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and placement, and dressing changes on central lines and internal access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Rhea, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to be exceed \$98,000. Gorum Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Edson, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Macon, Marion, Marshall, Maury, Montgomery, Newton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

Call 432-1111 for more information or to place a classified advertisement.

Don't miss this opportunity to provide a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, Tennessee 37243

The published letter of intent must contain the following information pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and

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FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS Specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Dekalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 338 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency

Andrew Jackson Building, 9th Floor

502 Deaderick Street

Nashville, Tennessee 37243

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STATE OF TENNESSEE FENTRESS COUNTY

The undersigned - Bill Bowden, Editor and Publisher of the Fentress Courier, a newspaper published weekly in Jamestown, Tennessee certifies that the attached notice was published in print and online at www.fentresscouriernews.com and www.publicnoticeads.com during the duration of the run dates listed. This publication fully complies with Tennessee Code Annotated 1-3-120. The attached notice was published for 1 consecutive weeks on the dates of June 4, 2014

, and

Bill Bowden

Sworn to and subscribed before me this 4th day of June, 2014.



Lorinda S. Garrett
Notary Public

My commission expires: March 23, 2015

June 20, 2014

12:06 pm

JOHNSON CITY PRESS

204 W. Main Street

Johnson City, TN 37604

AFFIDAVIT OF PUBLICATION

AD# 1160453DATES: 6-4-2014

State of Tennessee)
 Carter County)
 Washington County)

Teresa Hicks makes the oath that she is a Rep

newspaper published in Johnson City, in said C

was published in said paper for 1 insertioand ending on 6-4-2014

Sworn to and Subscribed before me this

NOTIFICATION OF INTENT TO APPLY FOR A
CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10332 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bladsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Arix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted.

Written requests for hearing should be sent to:

Health Services and Development Agency
 Andrew Jackson Building, 9th Floor
 502 Deaderick Street
 Nashville, Tennessee 37243

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This legal notice was published online at www.wwwwwwwww.com during the duration
www.publicnoticeads.com
 complies with Tennessee Code Annotated 1-3-



STATE OF TENNESSEE
Health Services and Dev Agency
Office 31607001
6/10/2014 10:33 AM

Cashier: annir0811001
Batch #: 639115
Trans #: 1
Workstation: AFO719WP45

=====

CON Filing Fees

Receipt #: 12438374
HA01 CON Filing Fees \$3,000.00
Payment Total: \$3,000.00
=====

Transaction Total: \$3,000.00

Check 21 \$3,000.00

Thank you for your payment.
Have a nice day!

CN1406-017

Coram
26220 Enterprise Ct
Attn: Accounts Payable
Lake Forest, CA 92539

Drawn On:
Bank of America
San Francisco, CA
70-2328719 IL

Security features indicated. Details on back.

CHECK DATE: 15-Nov-13
CHECK NUMBER: 981800
CHECK AMOUNT: \$3,000.00
Receipt #: 12438374
Date: 6/10/2014
Trans #: 639115
Amount: \$3,000.00
CON Filing Fees \$3,000.00
Check 21 \$3,000.00
THANK YOU FOR YOUR PAYMENT

PAY Three Thousand And 00 Cents

TO THE
ORDER
OF

143920

TENNESSEE HEALTH SERVICES &
DEVELOPMENT AGENCY
ANDREW JACKSON BUILDING 9TH
FLOOR, 502 DEADERICK STREET
NASHVILLE TN 37243
UNITED STATES

⑈0981800⑈ ⑆071923284⑆ 8765816683⑈

COPY SUPPLEMENTAL-2

**Coram Alternate Site Services
CN1406-017**



333 commerce street, suite 1500
nashville, tennessee 37201
phone: 615.256.0500 fax: 615.251.1059
h3gm.com

283

SUPPLEMENTAL

JUN 26 2014 12:09

June 26, 2014

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Certificate of Need Application CN1406-017
Applicant's Response to Second Request for Supplemental Information

Dear Mr. Earhart:

We are in receipt of the Agency's Second Request for Supplemental Information. Please accept this as the Applicant's response to the same. Mr. Dell's Affidavit is attached hereto as Exhibit A.

1. Section C, Need, Item 6

The methodology of projecting 162 patients in Year One is noted. However, it remains unclear of the number of patients by therapy the applicant used in Year One and Year Two projections. Please complete the following table for Year One and Year Two projections:

Type of Patients	Brief Description of Service	# Year One Patients	# Year Two Patients
Aralast®	Treatment for Alpha-1 antitrypsin deficiency ("Alpha-1"), chronic hereditary form of progressive emphysema. Aralast® is a Baxter Healthcare infusion therapy. Coram services include: Medication administration, patient teaching, starting and/or accessing/maintenance of IV access device and routine patient visit/assessment/vital signs and monitoring.	8	9

Phillip M. Earhart

June 26, 2014

Page 2

Chelation Therapy	Administration of chemical binding agents, such as ethylene diamine tetraacetic acid ("EDTA"), to remove heavy metals, such as iron, lead, mercury, cadmium, and zinc from the body. Preferred therapy for Coram patients is either Desferal®, a Novartis EDTA therapy, or Defroxamine®, a Fresenius-Kabi EDTA therapy. Coram services include: Medication administration, patient teaching, starting and/or accessing/maintenance of IV access device and routine patient visit/assessment/vital signs and monitoring.	1	1
Chemotherapy	Administration of anti-cancer drugs known as anti-metabolites, which interfere with cells making DNA and RNA, stopping the growth of cancer cells. Used in many cancer treatments, colon, rectum, and head and neck cancers. Due to in-home stability, preferred therapy for Coram patients is 5-FU fluorouracil sold as Adrucil®, a Fresenius-Kabi therapy. Coram services include: Medication administration, patient teaching, starting and/or accessing/maintenance of IV access device and routine patient visit/assessment/vital signs and monitoring.	7	8
Fabrazyme®	Enzyme replacement treatment for Fabry disease, a chronic hereditary and progressive deficiency of the Alpha-GAL enzyme. Fabrazyme® is a Genzyme therapy. Coram services include: Medication administration, patient teaching, starting and/or accessing/maintenance of IV access device and routine patient visit/assessment/vital signs and monitoring.	1	1
IVIG	Intravenous immunoglobulin (IVIG) is a blood product administered intravenously. It contains the pooled, polyvalent, IgG antibodies extracted from donor plasma for the treatment of chronic immune deficiencies, autoimmune disease and acute infections. Coram services include: Medication administration, patient teaching, starting and/or accessing/maintenance of IV access device and routine patient visit/assessment/vital signs and monitoring.	58	64
IVIG subcutaneous	Intravenous immunoglobulin (IVIG) is a blood product administered subcutaneously, which means under the skin. Coram services include: Patient teaching and assessments.	44	48
Zemaira®	Treatment for Alpha-1 antitrypsin deficiency ("Alpha-1"), chronic hereditary form of progressive emphysema. Zemaira® is a CSL Behring therapy. Coram services include: Medication administration, patient teaching, starting and/or accessing/maintenance of IV access device and routine patient visit/assessment/vital signs and monitoring.	9	10
Non-specialty	Treatment for all other patients including TPN, Antibiotics, Hydration Therapy, Multiple Sclerosis Injections, Opiate Management, Pain Management, Antiviral, Antiemetic, Fluid Replacement, etc. Coram services include: Medication administration, patient teaching, starting and/or accessing/maintenance of IV access device and routine patient visit/assessment/vital signs and monitoring.	34	37
Total		162	178

Phillip M. Earhart
June 26, 2014
Page 3

2. Section C. Economic Feasibility Item 1 (Project Cost Chart)

Your response is noted. However, the unused leased space allocated to the proposed home health project will need to be accounted for in the Project Costs Chart. Please revise.

The Applicant did not include leasehold expenses because it is not incurring any incremental costs associated with its use of unused space in its leasehold. Nonetheless, the Applicant has allocated a pro rata portion of the leasehold expenses to the small space that will be used and noted such on the Project Cost Chart. Please see revised chart and assumption page attached. The amount allocated to leasehold costs was shifted from administrative cost, which included \$25,000 in contingency expense.

3. Proof of Publication

The applicant provided additional copies of the publication of intent required of newspapers of general circulation in the proposed service area. However, please submit the following missing proofs of publication:

Newspaper	Response
Citizen Tribune	Did not publish
Claiborne Progress	Attached
Kingsport Times-News	Tearsheet attached - Affidavit requested
Morgan County News	Attached
News-Herald	Provided June 20 - Copy Attached
Roane County News	Attached
Southern Standard	Requested
The Mountain Press	Provided June 20 - Copy Attached
Grainger Today	Requested
Pickett County Press	Requested
The AdvoCate and Democrat	Attached
Union New Leader	Requested

There was no publication in the Citizen Tribune. Affidavits have been requested for the other papers listed. Those that have been provided are attached or have been previously submitted. Some newspapers provided electronic tear sheets. Several of the newspapers have informed us that they are unable to provide affidavits at this time but will be forwarding to us as soon as possible. We will submit these upon receipt. The Knoxville News-Sentinel affidavit has been provided and is a newspaper of general circulation for all counties for which affidavits or tear sheets have not been provided including Anderson, Blount, Campbell, Claiborne, Cocke, Cumberland, Grainger, Greene, Hamblen, Jefferson,

Phillip M. Earhart
June 26, 2014
Page 4

Loudon, McMinn, Monroe, Morgan, Roane, Scott, Sevier and Union. Tenn. AG Op.
05-149 (copy attached).

With best regards,

HARWELL HOWARD HYNE
GABBERT & MANNER, P.C.

A handwritten signature in cursive script, appearing to read "Alix Coulter Cross".

Alix Coulter Cross

ACC/smb

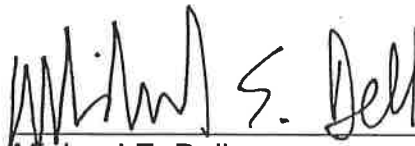
AFFIDAVIT

STATE OF COLORADO

COUNTY OF DENVER

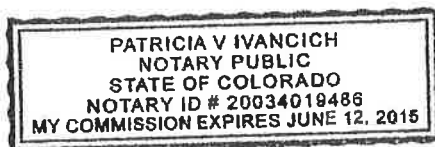
NAME OF FACILITY: CORAM ALTERNATE SITE SERVICES, INC.

I, MICHAEL E. DELL, after first being duly sworn, state under oath that I am the Senior Vice President, General Counsel & Secretary of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith (2nd Supplemental Request), and that to the best of my knowledge, it is true, accurate, and complete.



Michael E. Dell
SVP, General Counsel & Secretary

Sworn to and subscribed before me, a Notary Public, this the 25th day of June, 2014, witness my hand at office in the County of Denver, State of Colorado.



PATRICIA V. IVANCICH
NOTARY PUBLIC

My commission expires June 12, 2015.

HF-0043

Revised 7/02

EXHIBIT A

CLAIBORNE PROGRESS

P.O. BOX 40, TAZEWEEL, TN 37879 PHONE 423-626-3222

Affidavit of Publication

I, Amber Morgan for the Claiborne Progress of Tazewell, Tennessee being duly sworn, state that:

An advertisement was/advertisements were published

For the account of Harwell Howard Hynes Gabbard
In the Claiborne Progress as follows: Notice of Intent to Apply

Size (columns x inches tall)

2x4

Section Page

10A

Date/Dates m/d/y

6/4/14

Signed

[Signature]

SWORN AND SUBSCRIBED to before me, a notary public, on this the 20 day of June, A.D. 2014.

Notary Public in and for Claiborne

County, Tennessee (State)

My Commission Expires 4/19/17



Roane County News
R.C. News-Record

Morgan County News
Web Printing Plant

P.O. Box 610, 204 Franklin Street
Kingston, TN 37763
(865) 376-3481 FAX (865) 376-1945

TO: Harwell Howard Hyne gabber & Manner, P.C.

ADVERTISING Legal Notice

PUBLISHER'S AFFIDAVIT

State of Tennessee, Roane County

I, Kevin Kile, make oath that the attached advertisement or notice was published in:

 X The Roane County News, tri-weekly newspaper published at Kingston

 The Harriman Record, a weekly newspaper published at Harriman

 The Rockwood Times, a weekly newspaper published at Rockwood

 X The Morgan County News, a weekly newspaper published at Wartburg

in said county and state, and that the advertisement or notice of Notification of Intent to Apply for a Certificate of Need. CVS Caremark Corporation.

was published in said newspaper on the following date: RCN & MCN 06/04/2014

and that the statement of account herewith is correct to the best of his knowledge and belief

Signed



Subscribed and sworn to before me this 23rd day of June, 2014


Notary Public

My commission expires March 13, 2018



NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternative Site Services, Inc. d/b/a Coram CVS/ specialty infusion services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternative Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 6, 2014. The contact person for this project is Alix Coulter-Cross, Attorney, who may be reached at Harwell Howard Hynes Gabbart & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted.

Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally

Roane County News
 401K + Quality Homeowner's Regional and Dedicated Orientation Sign On Career Opportunities
 Bonus: CDL-A, Red Great Career Path
 877-258-8782 Excellent Benefits Package
 www.ad-drivers.com Please Call: (866) 220-9143 (TnScan)

SHELTER PETS:

Adopt now and save a life. Many homeless dogs, cats, puppies and kittens begging for a second chance. Visit Roane County Animal Shelter - Tuesday, 10am-4pm. View pets at www.roanecountyshelter.com or call 865-354-7387

THE HUMANE Society of Roane County

Rescue Team have dogs and some times puppies for adoption, application and adoption fee apply. To see pictures go to <http://www.petfinder.com/shelters/TN391.htm> or call 865-376-2474 for information. We can also assist income house holds with the spay/neuter of their personal pets. For more information call Planned Parenthood @ 865-882-9966, ask for Meg.

410 Farm Equipment

OUR SPORTSMEN WILL PAY TOP \$\$\$ TO hunt your land. Call for a Free Base Camp Leasing info packet & Quote 1-866-809-1507 www.BaseCampLeasing.com (TnScan)

490 Auctions

AUCTION - HORSE PROPERTY FARM - 76 Acres @ 2200 SF Home o Personal Property, 982 Lee Valley Rd, Whitesburg, TN - June 7, 2014 10:00 AM
www.auctiontch-mountaintnauctions.com United Country Clinch Mountain Realty &

Position Opening

HARRIMAN UTILITY BOARD

Harriman Utility Board has an opening for a Full-Time Dispatcher. Job duties shall include, but not limited to: Receiving, relaying, and/or transmitting routine and emergency calls to public safety agencies and HUB crews, processing Tennessee One calls permits, and inventory and material record keeping, providing security for the warehouse by means of regular patrol and monitoring of video cameras, monitoring and reporting plant and station alarms, and performing janitorial duties.

Applicants should have telephone and basic computer skills, preferably with Microsoft office - (Word and Excel), have good communication skills, and be 18 years of age. A high school degree is required and preferably a 2-Year Degree in Business or Information Technology from an accredited institution.

Applications are available at the main office at 300 N. Roane Street or may be downloaded from our web site at www.hub-tn.com. Applications may be mailed to Harriman Utility Board, P.O. Box 434, Harriman, TN 37748 Attn: Marilyn McCormick, HR Director.

Deadline for application is Friday, June 6, 2014 @ 4:00 PM.

Will Be home through the week and weekends. Start up to 28% plus fuel bonus. New equipment. BOBS. Experience needed. LP available. Call 877-693-1305 (TrScan)

EXPERIENCED DRIVER OR RECENT GRAD? With Swift, you can grow to be an award-winning Class A CDL driver. We help you achieve Diamond Driver status with the best support there is. As a Diamond Driver, you earn additional pay on top of all the competitive incentives we offer. The very best, choose Swift. o Great Miles = Great Pay. o Late-Model Equipment Available o Regional Opportunities o Great Career Path o Paid Vacation o Excellent Benefits. Please Call: (866) 220-9143 (TrScan)

NEED CLASS A CDL TRAINING? Start a CAREER in trucking today. Swift Academies offer PTDI certified courses and offer "Best-in-Class" training. o New Academy Classes Weekly o No Money Down or Credit Check o Certified Mentors Ready and Available o Paid (While Training With Mentor) o Regional and Dedicated Opportunities o Great Career Path o Excellent Benefits Package Please Call: (866) 220-9143 (TrScan)

NEW PAY-FOR-EXPERIENCE program pays up to \$0.41/mile. Class A Professional Drivers. Call 866-980-2699 for more details or visit SuperServiceLLC.com (TrScan)

TIRED OF Fast Food? Express Employment seeks entry level Factory workers. Please apply @ 1470 N Gateway Ave. Rockwood TN. 37854

710 Apartments for Rent

BROOKWOOD TERRACE Apartments. 1 bedroom, ground floor apartments for qualifying seniors, 62 and older, utilities furnished, central, heat & air. Maintenance and Yard work furnished. Rent based on income. For more information, Call 423-346-7069. EHO and Handicapped accessible

720 Houses for Rent

3BEDROOM, 2MILES South Wartburg, Hwy 27, across from Boulder Rd Gas heat, Window air Ref. & Dep. req. \$450/mo. \$400/dep. 865-221-1908



EQUAL HOUSING OPPORTUNITY

All real estate advertised herein is subject to the Federal Fair Housing Act, which makes it illegal to advertise any preference, limitation or discrimination based on race, color, religion, sex, handicap, familial status or national origin; or intention to make any such preference, limitation or discrimination.

State laws forbid discrimination in the sale, rental or advertising of real estate based on factors in addition to those protected under federal law. In the District of Columbia, discrimination based on age, marital status, personal appearance, sexual orientation, family responsibilities, physical handicap, matriculation, political affiliation, source of income or place of residence or business almost always is illegal. In Maryland, discrimination based on marital status or physical or mental handicap is prohibited. In Virginia, dis-

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted.

Written requests for hearing should be sent to:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

Look Good In Black

& White

ping Position

cooperative ons through r the position of ecialist.

be responsible for the e of digitized mapping a technical field, along background from either be weighed accordingly. g with experience in PS, GIS equipment and eading various types of so be considered. Job

The Kingsport Times-News is looking for an aggressive inside rep to sell our proven advertising products, both print and digital. This position utilizes a combination of telephone and e-mail sales techniques to increase awareness of our print and digital advertising products in the local business community.

We have all of the tools and resources needed to make the prospecting and presentation easy to accomplish. What we need is another rep that has the ability to follow through with prospects and close the sales.

The Kingsport Times-News has a great reputation for the trustworthiness of all of our news products, and this opens a lot of doors for our sales reps. Still, this is not a customer service job where you sit back and take inbound orders. Nor is it a retail job where the prospects come to you with product interest already established.

We are looking for someone that can take advantage of the "foot-in-the-door" our company offers. We need someone who understands that different customers have different needs, and therefore will be interested in different solutions. We need someone that can figure out how to show that our advertising products can solve the client's specific marketing problems.

Most of our advertisers are repeat customers, because our ads deliver solid results. The right person for the job will understand the importance of repeat results. The right person for the job will teach you everything you need to know about the products and our systems. What you will need to bring to be table is the unwavering desire to be successful.

We offer base pay plus an attractive benefits package, but the total compensation is weighted heavily toward commissions, so you will need to be confident in your abilities to enjoy this job. We have fun, but we work hard. If you are interested in being part of our team, you should e-mail your resume and a brief cover letter to kullin@water@timesnews.net. You know yourself well, so tell us how often the right solution to our sales needs.

KINGSPORT TENNESSEE
Times News

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency, and all interested parties, in accordance with T.C.A. § 66-11-1001 et seq., and the Rules of the Health Services and Development Agency, that Covenant Health Services, Inc. (the "Company") seeks specific Inclusion Services, owned by CVS Corporation, with an ownership right to profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide nursing home inpatient products and related visiting nursing services ancillary to its pharmacy services, by way of example and not limitation, fine maintenance, infusion equipment repair and replacement, and drug-charging across certified lines and external access points with the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Davidson, DeKalb, Dickson, Greene, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Morgan, Polk, Putnam, Rhea, Sevier, Shelby, Sullivan, Union, Van Buren, and Washington, from all licensed home health pharmacy which will be located at 19203 Murdock Drive, Suite 101A, Knoxville, Tennessee 37922 with an estimated project cost of approximately \$24,000,000. The following jurisdictions, Inc. is currently licensed in the following counties: Beallton, Bolivar, Caernon, Chatham, Clay, Collier, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hancock, Humphreys, Johnson, Lawrence, Lewis, Lincoln, Marion, Marshall, Meigs, Montgomery, Morgan, Putnam, Rhea, Rutherford, Sevier, Sequatchie, Smith, Sumner, Tusculum, and Union, Williams, and Wilkes.

The anticipated filing date of the application is June 6, 2011.

The contact person for this project is Alva Coulter Cramer, Attorney, who may be reached at Kenneth Howard Hunt Gabbett & McDermott PC, 301 Commerce Street, Ste. 1500, Nashville, TN 37203.

11-0255-0500

Upon written request by interested parties, a local file-finding public hearing shall be conducted.

Written requests for a Certificate of Need application must file a written notice with the Health Services and Development Agency.

Andrew Jackson Building, 9th Floor
202 Deaderick Street
Nashville, Tennessee 37243

The published notice of intent must contain the following statement in accordance with T.C.A. § 66-11-1007(c)(1): (A) Any health care institution wishing to propose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to express the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

may 11, 2011

Acct. # 250490

STATE OF TENNESSEE 294

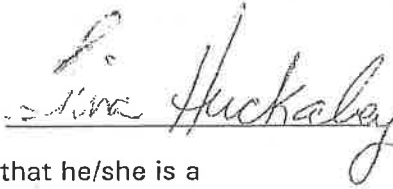
SUPPLEMENTAL

COST OF PUBLICATION

COUNTY OF MONROE

First Insertion \$ _____

PERSONALLY appeared before me



Second Insertion \$ _____

who being duly sworn, made oath that he/she is a

Third Insertion \$ _____

representative of the Publisher of the MONROE COUNTY

Fourth Insertion \$ _____

ADVOCATE/DEMOCRAT, a newspaper of general circulation,

Fifth Insertion \$ _____

published in the City of Sweetwater, County of Monroe, State of Tennessee

Total \$98.40

and that the hereto attached publication appeared

in the same on the following dates :

NOTIFICATION OF INTENT

06/04/2014

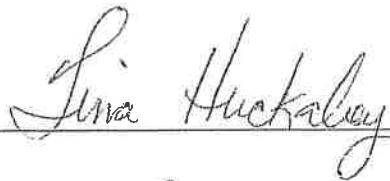
The ADVOCATE & DEMOCRAT

P.O. BOX 389, SWEETWATER, TN 37874

(423) 337-7101

Subscribed and sworn to before me on this 19th day
of June, 2014

Newspaper Representative:



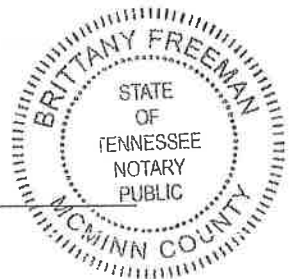
Notary Public:



My Commission Expires:

8-22-17

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.



296
PROOF OF PUBLICATION
SUPPLEMENTAL

Acct. Name:

##HARWELL HOWARD HYN

Acct. # 84227

STATE OF TENNESSEE

COST OF PUBLICATION

COUNTY OF LOUDON

Total \$160.00

PERSONALLY appeared before me

Amber
Giraves of Loudon County, Tennessee.

who being duly sworn, made oath that he/she is a

of the Publisher of THE NEWS HERALD,

general circulation, published in the

on and State of Tennessee and that the hereto

tion appeared in the same on the following dates :

NOTIFICATION OF INTENT

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq. and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS Specialty Infusion Services, owned by CVS Caremark Corporation with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, the maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 16932 Muldoon Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project costs not exceed \$98,800. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Blaine, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sevier, Shelby, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 8, 2014.

The contact person for this project is Ark Couler Cross, Attorney, who may be reached at Harwell Howard Hynne Gabbett & Manner, P.C., 323 Commerce Street, Ste. 1900, Nashville, TN 37203, 615/256-0500.

Upon written request by interested parties a local scheduling public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency

Andrew Jackson Building, 3rd floor

502 Bearden Street

Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1687(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

The News Herald

P.O. BOX 310, LENOIR CITY, TN 37771

(865) 986-6581

sworn to before me on this 5th day

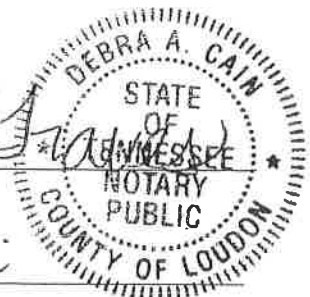
Newspaper Representative:

Notary Public:

My Commission Expires:

11-15-15

The referenced publication of notice has also been posted (1) On the newspaper's website, where it shall be published contemporaneously with the notice's first print publication and will remain on the website for at least as long as the notice appears in the newspaper; and (2) On a statewide web site established and maintained as an initiative and service of the Tennessee Press Association as a repository for such notices.



AFFP

2x5.5 Notification

Affidavit of PublicationSTATE OF TN }
COUNTY OF SEVIER }

SS

NOTIFICATION OF INTENT TO APPLY FOR
A CERTIFICATE OF NEED

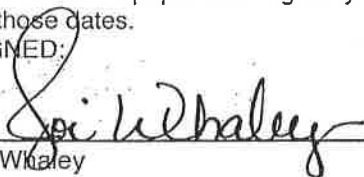
Joi Whaley, being duly sworn, says:

That she is Joi Whaley of the The Mountain Press, a daily newspaper of general circulation, printed and published in Sevierville, Sevier County, TN; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

June 04, 2014

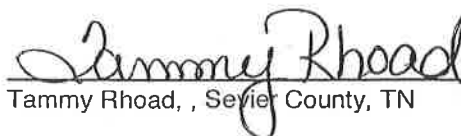
That said newspaper was regularly issued and circulated on those dates.

SIGNED:

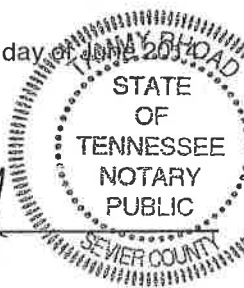


Joi Whaley

Subscribed to and sworn to me this 4th day of June 2014



Tammy Rhoad, , Sevier County, TN



My commission expires: September 22, 2015

30125608 30502901

Michelle Anderson
Harwell Howard Hyne Gabbert & Manner, PC
333 Commerce Street Suite 1500
Nashville, TN 37201

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson. The anticipated filing date of the application is June 8, 2014. The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th
Nashville, Tennessee 37243
Floor 502 Deaderick Street

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

JUN 26 14 11:21:08

STATE OF TENNESSEE
OFFICE OF THE
ATTORNEY GENERAL
PO BOX 20207
NASHVILLE, TENNESSEE 37202

September 29, 2005

Opinion No. 05-149

Newspaper of General Circulation

QUESTION

Whether the *Knoxville News-Sentinel* is a newspaper of general circulation for the purposes of legal advertising in the following counties: Anderson, Blount, Campbell, Claiborne, Cocke, Cumberland, Grainger, Greene, Hamblen, Jefferson, Loudon, McMinn, Monroe, Morgan, Roane, Scott, Sevier and Union.

OPINION

Based on the information available, it is our opinion that the *Knoxville News-Sentinel* qualifies as a “newspaper of general circulation” and/or “newspaper” in the listed counties for the purposes of publication of statutorily required notices.

ANALYSIS

With the exception of a definition in the Election Code, Tenn. Code Ann. §§ 2-1-101, *et seq.*, the terms “newspaper” and “newspaper of general circulation” are not defined in state statutes that require publication of official notices in a “newspaper” or “newspaper of general circulation.” Op. Tenn. Att’y Gen. 00-160 (October 17, 2000). The Election Code, however, does define the term “newspaper of general circulation” and lists the requirements for meeting that definition. The publication must bear a title or name, be regularly issued at least as frequently as once a week for a definite price, and have a second-class mailing privilege. It must be not less than four pages, be published continuously during the immediately preceding one-year period, and be published for the dissemination of news of general interest. Finally, it must be circulated generally in the political subdivision in which it is published and in which notice is to be given. Tenn. Code Ann. § 2-1-104(a)(13).

With respect to the statutes in which the terms “newspaper” or “newspaper of general circulation” are not defined, three criteria have been established in order for a publication to satisfy the requirements of those various statutes. Op. Tenn. Att’y Gen. 04-064 (April 15, 2004); Op. Tenn. Att’y Gen. 00-160 (October 17, 2000). First, the publication should be available in all parts of the county. Second, it should be published at least weekly. Third, it should contain news of general interest to the public. Op. Tenn. Att’y Gen. 04-064 (April 15, 2004); Op. Tenn. Att’y Gen. 93-19 (March 11, 1993).

Page 2

These criteria are supported by the case of *Cook v. McCullough*, 1989 WL 155926 (Tenn. App. December 29, 1989); *p.t.a. denied* (1990). In that case, the Court of Appeals determined that *The Nashville Record* was a newspaper for purposes of Tenn. Code Ann. § 67-5-2502. The Court stated:

The Nashville Record is a “newspaper” in the sense of the applicable statute. It is published weekly. It is intended for circulation among the general public. It contains matters of general interest. It is in the form of a newspaper.

Cook v. McCullough, 1989 WL 155926 at 7.

We used the Sunday, August 28, 2005, issue (“issue” or “the paper”) as our example. Based on this issue, this Office notes that the *Knoxville News-Sentinel* is in a newspaper format, is published in Knoxville and is issued daily, at a single copy price of fifty cents (50¢) for the weekday edition and two dollars (\$2.00) for the Sunday edition. The issue does not state the publication’s founding date. Through another source, however, we have learned that the newspaper was founded in the 1920’s.¹

The *Knoxville News-Sentinel* contains several types of information. The issue’s front page noted that it contained the following sections: “Business, Crosswords, Editorials, Go, Ina Hughs, Life & Arts, Local, Movies, Obituaries, Sam Venable, Sports, Tom Humphrey.” The paper’s headlines included “Ainge to Start in Season Opener,” “The Real Deal/New Orleans/Katrina” and “Old Timers” (NASCAR). Looking through the issue, we saw that it had local, state, national and world news. The issue also included display advertisements and classified advertisements. The paper contained, then, matters of interest to the general public.

Information on page 2 of the issue shows that the *Knoxville News-Sentinel* is distributed to some subscribers by mail, “periodical postage paid,” a rate that this Office has previously determined is the equivalent of a second-class postage rate. Op. Tenn. Att’y Gen. 04-011 (February 3, 2004). It is also distributed by home delivery and is available for single-copy purchase in newspaper racks and in stores. In addition to Knox County, the paper is distributed for purchase in eighteen (18) east Tennessee counties. Information provided to this Office represents that the *Knoxville News-Sentinel* is available in the following counties: Anderson (207), Blount (237), Campbell (75), Claiborne (38), Cocke (107), Cumberland (80), Grainger (33), Greene (45), Hamblen (83), Jefferson (59), Loudon (97), McMinn (66), Monroe (51), Morgan (32), Roane (71), Scott (30), Sevier (434) and Union (31). The numbers in parentheses are the number of rack/store locations in that county. Thus, the newspaper is intended for circulation among the general public in these counties.

¹See <http://www.scripps.com/corporateoverview/businesses/newspaper/knox.shtml>. This source states that the *Knoxville-News Sentinel* resulted from the *The Knoxville News* (established in 1921) absorbing *The Sentinel*, which was first published in 1886.

Page 3

Based on information you provided and on information gleaned from the August 28, 2005, issue and other sources, this Office has determined that the *Knoxville News-Sentinel* meets the general and statutory definitions of "newspaper" and/or "newspaper of general circulation" for purposes of publication of official notices in the listed counties surrounding Knox County.

PAUL G. SUMMERS
Attorney General

MICHAEL E. MOORE
Solicitor General

KATE EYLER
Deputy Attorney General

Requested by:

The Honorable Joe Armstrong
State Representative
25 Legislative Plaza
Nashville, TN 37243-0115

SUPPLEMENTAL-#3 -Copy-

CORAM Infusion Services K

CN1406-017



333 commerce street, suite 1500
nashville, tennessee 37201
phone: 615.256.0500 fax: 615.251.1059
h3gm.com

302

SUPPLEMENTAL #3

June 30, 2014

12 :54 pm

June 30, 2014

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Certificate of Need Application CN1406-017
Supplemental Information

Dear Mr. Earhart:

Enclosed are the original affidavits of publication from Independent Herald, Kingsport Times-News and Southern Standard to be filed with the above mentioned Certificate of Need application. Thank you.

Sincerely,

HARWELL HOWARD HYNE
GABBERT & MANNER, P.C.

A handwritten signature in cursive script, appearing to read "Michelle R. Anderson".

Michelle R. Anderson
Paralegal

mra

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternative Site Services, Inc. db/a Coram CVS/ specialty infusion services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternative Site Services, Inc. is currently licensed in the following counties: Bedford, Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Dekalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter, Cross Attorney, who may be reached at Harwell Howard Howard Hyme Gabart & Mannner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

(6-5-2014)

Independent Herald

STATE OF TENNESSEE
COUNTY OF SCOTT

Notification of Intent to Apply For a Certificate of Need

Ben Garrett, having first been duly sworn, makes oath that he is Editor of the Independent Herald, a weekly newspaper published in Scott County and of general circulation thereof, and that the attached is a true copy of the legal notice which has been published 1 times in said newspaper.

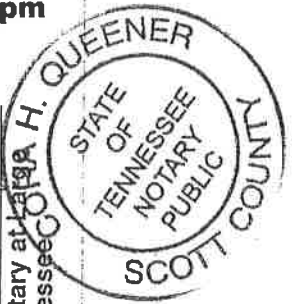
Oath is further made that the said notice was published on the following dates, to wit:

June 5, 2014


Ben Garrett, Editor

Sworn to and subscribed before me this 19th day of June 2014.


Cora H. Queener, Notary at Large
State of Tennessee



Commission Expires June 21, 2017

June 30, 2014

12:54 pm

KINGSPORT TIMES-NEWS

PUBLICATION CERTIFICATE

Kingsport, TN

6/20/14

This is to certify that the Legal Notice hereto attached was published in the Kingsport Times-News, a daily newspaper published in the City of Kingsport, County of Sullivan, State of Tennessee, beginning in the issue of June 4, 2014 and appearing 1 consecutive weeks/times, as per order of

Harwell Howard Hyne Lubber

Signed Sheryl Edwards

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. db/a Coram CVS Specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency, only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10382 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner, P.C., 338 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

PUB 11: June 4, 2014

STATE OF TENNESSEE, SULLIVAN COUNTY, TO WIT:

Personally appeared before me this 20th day of June, 2014, Sheryl Edwards

of the Kingsport Times-News and in due form of law made oath that the foregoing statement was true to the best of my knowledge and belief.



Janice L. Reeser
Notary Public

My commission expires 3-2-2016

June 30, 2014

12:54 pm

COST OF PUBLICATION

First Insertion \$ 100.75

Second Insertion _____

Third Insertion _____

Fourth Insertion _____

Fifth Insertion _____

Total \$ 100.75

PROOF OF PUBLICATION

STATE OF TENNESSEE
COUNTY OF WARRENPERSONALLY appeared before me SHARON PATRICK

_____ of Warren County, Tennessee,

PHYLLIS VANATTA

, who being first sworn, made oath that

he/she is an authorized representative of the Southern Standard/Warren County Pennysaver, a newspaper of general circulation, published in the City of McMinnville, County of Warren and State of Tennessee, and that the hereto

ached Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

7138.W116-4

June 4 2014

20

20

20

20

Phyllis Vanatta
Authorized RepresentativeSubscribed and sworn to before me on this 26th day ofJune 2014Sharon Patrick

Notary

SHARON PATRICK
STATE
OF
TENNESSEE
NOTARY
PUBLIC
WARREN COUNTY

My commission expires

10-15-16NOTIFICATION OF
INTENT TO APPLY FOR
A CERTIFICATE OF
NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 et seq., and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for-profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram

Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequachuck, Smith, Sumner, Tipton, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hynes Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building,
9th Floor

502 Deaderick Street
Nashville, Tennessee 37243

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1): (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and

615-251-1059



333 commerce street, suite 1500
nashville, tennessee 37201
phone: 615.256.0500 fax: 615.251.1059
h3gm.com

306

SUPPLEMENTAL #3

June 30, 2014

12 :54 pm

June 30, 2014

VIA HAND DELIVERY

Phillip M. Earhart
HSD Examiner
State of Tennessee
Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

Re: Certificate of Need Application CN1406-017
Applicant's Response to Third Request for Supplemental Information

Dear Mr. Earhart:

We are in receipt of the Agency's Third Request for Supplemental Information. Please accept this as the Applicant's response to the same. Mr. Dell's Affidavit is attached hereto as Exhibit A.

1. Proof of Publication

The applicant provided additional copies of the publication of intent required of newspapers of general circulation in the proposed service area. However, please submit the following missing proof of publication:

Newspaper	Missing Documentation - Response
Pickett County Press	Affidavit - Attached

With best regards,

HARWELL HOWARD HYNE
GABBERT & MANNER, P.C.

Alix Coulter Cross ^{MRH}

Alix Coulter Cross

June 30, 2014

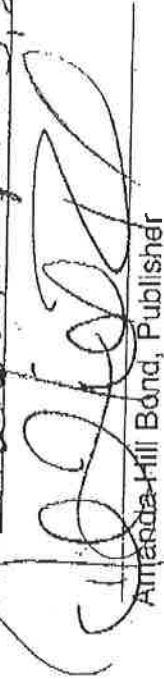
12 :54 pm

645-251-1059

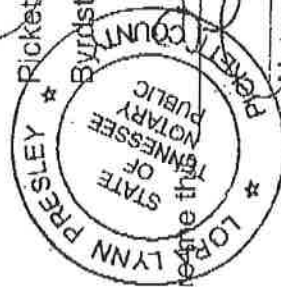
STATE OF TENNESSEE
COUNTY OF PICKETT

AFFIDAVIT OF PUBLICATION

Amanda Hill Bond, Publisher of the Pickett County Press, hereby certifies that the attached notice (or notices) were published for one week (June 5, 2014) in the **Pickett County Press**.


Amanda Hill Bond, Publisher

Pickett County Press
Byrdstown, Tennessee 38549



Sworn and subscribed before me this 16th day of June 2014

Lynn Presley
Notary Public

My Commission Expires 10-26-16

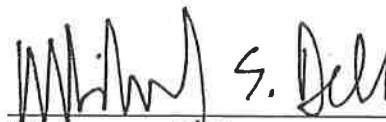
June 30, 2014**12 :54 pm****AFFIDAVIT**

STATE OF COLORADO

COUNTY OF DENVER

NAME OF FACILITY: CORAM ALTERNATE SITE SERVICES, INC.

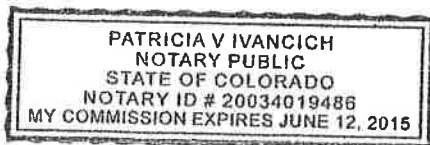
I, MICHAEL E. DELL, after first being duly sworn, state under oath that I am the Senior Vice President, General Counsel & Secretary of the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that to the best of my knowledge, it is true, accurate, and complete.



Michael E. Dell

SVP, General Counsel & Secretary

Sworn to and subscribed before me, a Notary Public, this the 30th day of June, 2014, witness my hand at office in the County of Denver, State of Colorado.

PATRICIA V. IVANCICH
NOTARY PUBLIC

My commission expires June 12, 2015.

HF-0043

Revised 7/02

EXHIBIT A



September 2, 2014

Melanie Hill

Health Services and Development Agency

Andrew Jackson Building, 9th Floor

502 Deaderick St.

Nashville, TN 37243

Dear Ms. Hill:

Please accept this as my opposition letter for the Certificate of Need application filed by Corum Alternate Site Services for the East TN region. The CON application number is CN 1406-017.

I plan to attend the hearing on September 24, 2014 to voice my opposition on this matter.

Sincerely

A handwritten signature in black ink, appearing to read "Peggy Ray".

Peggy Ray, RN

President/CEO



September 9, 2014

Ms. Melanie Hill
Tennessee Health Services and Development Agency
Andrew Jackson State Office Building
500 Deadrick Street, Suite 850
Nashville, TN 37243

Re: Coram Alternate Site Service, Inc. d/b/a Coram CVWS/Specialty Infusion Service
Certificate of Need #1202-020A CO 1406-017

Dear Ms. Hill:

I am writing on behalf of All Care Plus, d/b/a Quality Home Health in opposition to the certificate of need application of Coram CVS/Specialty Infusion Services to add a limited service home health agency to provide and administer home infusion products and related infusion nursing services.

We believe this certificate of need does not meet the needed requirements nor contribute to the orderly development of healthcare.

We will have a representative from our agency present at the CON hearing to share our reasons for opposition.

Sincerely,

 RN BSN BC
Vivian Terry, RN, BSN, BC
Clinical Regional Manager



MOHAMMAD I. HUSSAIN MD

HEALTHSTAR PHYSICIANS NEUROLOGY

420 West Morris Blvd., Suite 400C, Morristown, TN 37813 – Phone: 423-586-0443 Fax: 423-586-3944

August 6, 2014

Ms. Melanie Hill
Certificate of Need Program
c/o Coram Alternate Site Services, Inc.

Dear Ms. Hill:

My name is Mohammed Hussain, MD. I am a Neurologist practicing in Morristown, Hamblen County. My patient base is throughout this East Tennessee region.

I have learned that Coram Alternate Site Services is filing a certificate of need (CON) application to establish a limited service home health agency. As I understand it, this home health agency will only treat those patients requiring skilled nursing in conjunction with infusion therapy.

There is a tremendous need for this service in East Tennessee. Personally, I have experienced extreme hardships securing infusion therapy nursing for my patients. We regularly have situations with IVIG therapy that nursing agencies are unwilling to staff. The unwillingness reportedly stems from the long duration of the infusion (5 to 6 hours), the lack of familiarity with IVIG patients, and refusal to administer first doses in the home.

In addition, we have had an issue where the hospital did not want to infuse a non-formulary immunoglobulin product that I was prescribing as the most appropriate course of treatment for my patient. Since the hospital did not want to infuse that product, and no nursing agency would provide the in home service, the patient was disadvantaged.

None of the above situations would occur if Coram receives CON approval to establish the limited service home health agency. Please approve Coram's request so my patients will benefit.

Thank you,

Mohammed I. Hussain, MD



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda Phone: 615-741-2364 Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the see ATTACHMENT A which is a newspaper
of general circulation in see ATTACHMENT B, Tennessee, on or before June 3, 4, 5, 20 14
(County) (Month / day) (Year)
for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in
accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency,
that:

Coram Alternate Site Services, Inc. d/b/a Coram CVS/specialty Infusion Services Home health agency
(Name of Applicant) (Facility Type-Existing)
owned by: CVS Caremark Corporation with an ownership type of for profit
and to be managed by: self-managed intends to file an application for a Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE]: see ATTACHMENT C

The anticipated date of filing the application is: June 6, 20 14

The contact person for this project is Alix Coulter Cross Attorney
(Contact Name) (Title)
who may be reached at: Harwell Howard Hyne Gabbert & Manner, PC 333 Commerce Street, Suite 1500
(Company Name) (Address)
Nashville TN 37201 615 / 256-0500
(City) (State) (Zip Code) (Area Code / Phone Number)
Alix Coulter Cross 6/3/14 alix.cross@h3gm.com
(Signature) (Date) (E-mail Address)

The Letter of Intent must be **filed in triplicate and received between the first and the tenth day of the month. If the
last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File
this form at the following address:**

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health
care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and
Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development
Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the
application must file written objection with the Health Services and Development Agency at or prior to the consideration of
the application by the Agency.

ATTACHMENT A

Newspaper of General Circulation	Date of Publication
Citizen Tribune	4th
Claiborne Progress	4th
Cleveland Daily Banner	4th
Elizabethton Star	4th
Grainger Today	4th
Independent Herald	5th
Johnson City Press	4th
Kingsport Times-News	4th
Knoxville News-Sentinel	4th
LaFollette Press	5th
Moore County News	5th
Morgan County News	4th
News-Herald	5th
Pickett County Press	4th
Polk County News	4th
Roane County News	4th
Rogersville Review	4th
Southern Standard	4th
The Advocate & Democrat	4th
The Daily Post - Athenian	4th
The Daily Times	4th
The Erwin Record	4th
The Fentress Courier	4th
The Greeneville Sun	4th
The Mountain Press	4th
The Newport Plain Talk	3rd
The Oak Ridger	5th
The Standard Banner	3rd
The Tomahawk	4th
Union New Leader	3rd

ATTACHMENT B

County
Anderson
Blount
Bradley
Campbell
Carter
Claiborne
Cocke
Fentress
Grainger
Greene
Hamblen
Hancock
Hawkins
Jefferson
Johnson
Knox
Loudon
McMinn
Meigs
Monroe
Moore
Morgan
Pickett
Polk
Roane
Scott
Sevier
Sullivan
Unicoi
Union
Van Buren
Washington

ATTACHMENT C

To provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.



**State of Tennessee
Health Services and Development Agency**

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services Home health agency

(Name of Applicant)

(Facility Type-Existing)

owned by: CVS Caremark Corporation with an ownership type of for profit

and to be managed by: self-managed intends to file an application for a Certificate of Need

for [PROJECT DESCRIPTION BEGINS HERE]: see attached

The anticipated date of filing the application is: June 6, 2014

The contact person for this project is Alix Coulter Cross Attorney
(Contact Name) (Title)

who may be reached at: Harwell Howard Hyne Gabbert & Manner, PC 333 Commerce Street, Suite 1500
(Company Name) (Address)

Nashville TN 37201 615 / 256-0500
(City) (State) (Zip Code) (Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §§ 68-11-3601 *et seq.*, and the Rules of the Health Services and Development Agency, that Coram Alternate Site Services, Inc. d/b/a Coram CVS/ specialty Infusion Services, owned by CVS Caremark Corporation, with an ownership type of for profit corporation to be self-managed, intends to file an application for a Certificate of Need for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example and not limitation, line maintenance, infusion equipment repair and replacement, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Union, Van Buren, and Washington, from its licensed home infusion pharmacy which will be located at 10932 Murdock Drive, Suite 101A, Knoxville, Tennessee 37932 with an estimated project cost to not exceed \$98,000. Coram Alternate Site Services, Inc. is currently licensed in the following counties: Bedford, Bledsoe, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Franklin, Giles, Grundy, Hamilton, Hickman, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marion, Marshall, Maury, Montgomery, Overton, Putnam, Rhea, Robertson, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Warren, White, Williamson, and Wilson.

The anticipated filing date of the application is June 6, 2014.

The contact person for this project is Alix Coulter Cross, Attorney, who may be reached at Harwell Howard Hyne Gabbert & Manner PC, 333 Commerce Street, Ste. 1500, Nashville, TN 37201, 615/256-0500.

Upon written request by interested parties a local fact-finding public hearing shall be conducted. Written requests for hearing should be sent to:

**Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243**

The published letter of intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

**CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954**

DATE: August 31, 2014

APPLICANT: Coram Alternative Site Services Inc.
d/b/a Coram CVS Specialty Infusion-Knoxville
10932 Murdock Drive, Suite 101A
Knoxville, Tennessee 37932

CN1406-017

CONTACT PERSON: Alix Coulter Cross, Esquire
Harwell Howard Hyne Gabbert and Manner
333 Commerce Street, Suite 1500
Nashville, Tennessee 37201

COST: \$98,000

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:

The applicant, Coram Alternative Site Services, Inc., d/b/a Coram CVS/Specialty Infusion Services, located in Knoxville (Knox County), Tennessee, seeks Certificate of Need (CON) approval for the establishment of a limited service home health agency only to provide and administer home infusion products and related infusion nursing services ancillary to its pharmacy services, by way of example, and dressing changes on central lines and external access ports within the following Tennessee counties: Anderson, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Fentress, Grainger, Greene, Hamblen, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, McMinn, Meigs, Monroe, Moore, Morgan, Pickett, Polk, Roane, Scott, Sevier, Sullivan, Unicoi, Van Buren, and Washington.

The applicant is a wholly owned subsidiary of Coram Specialty Infusion Services, Inc., which has as its ultimate parent CVS Caremark Corporation, also a Delaware corporation. Coram's ultimate parent is controlled by executive officers and board of director. CVS is a publically traded stock corporation on the New York Stock Exchange (NYSE: CVS).

The total estimated cost for this project is \$98,000 and will be financed through cash reserves as attested to in a letter from the Senior Vice President, General Counsel, and Secretary located in Attachment C, Economic Feasibility, Item 2.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

NEED:

The following chart illustrates the service area population projections for the applicant's service area.

Service Area Total Population Projections for 2014 and 2018

County	2014 Population	2018 Population	% Increase or (Decrease)
Anderson	76,579	77,851	1.7%
Blount	128,368	135,171	5.3%
Bradley	103,308	107,481	4.0%
Campbell	41,474	42,566	2.6%
Carter	57,284	57,680	0.7%
Claiborne	32,604	33,280	2.1%
Cocke	36,762	38,615	5.0%
Fentress	18,404	18,987	3.2%
Grainger	23,111	23,675	2.4%
Greene	70,187	71,594	2.0%
Hamblen	64,108	65,570	2.3%
Hancock	6,652	6,640	-0.2%
Hawkins	57,509	58,164	1.1%
Jefferson	53,729	56,872	5.8%
Knox	453,629	475,569	4.8%
Loudon	50,926	53,192	4.4%
McMinn	53,233	54,203	1.8%
Meigs	12,205	12,643	3.6%
Monroe	46,092	48,088	4.3%
Moore	6,350	6,401	0.8%
Morgan	21,848	22,004	0.7%
Pickett	5,019	4,943	-1.5%
Polk	16,604	16,588	-0.1%
Roane	54,006	54,457	0.8%
Scott	21,944	21,969	0.1%
Sevier	94,833	100,362	5.8%
Sullivan	158,975	161,136	1.4%
Unicoi	18,376	18,511	0.7%
Union	19,301	19,605	1.6%
Van Buren	5,450	5,474	0.4%
Washington	130,586	138,370	6.0%
Total	1,939,456	2,007,661	3.5%

Source: *Tennessee Population Projections 2000-2020, February 2013 Revision*, Tennessee Department of Health, Division of Health Statistics

The following chart illustrates the Need/(Surplus) for the service area counties.

Home Health Patients and Need in Service Area

County	# of Agencies Serving	2013 Population	Patients Served	2018 Population	Projected Capacity	1.5% of 2018 Population	Need/(Surplus) 2018
Anderson	19	76,182	2,893	77,851	2,956	1,168	(1,789)
Blount	18	126,809	2,507	135,171	2,672	2,028	(645)
Bradley	14	102,235	2,021	107,481	2,125	1,612	(512)
Campbell	18	41,163	1,715	42,566	1,773	638	(1,135)
Carter	11	57,228	2,072	57,680	2,088	865	(1,223)
Claiborne	15	32,457	2,002	33,280	2,053	499	(1,554)
Cocke	14	36,330	1,467	38,615	1,559	579	(980)
Fentress	7	18,290	1,015	18,987	1,054	285	(769)
Grainger	20	22,924	886	23,675	912	355	(557)
Greene	17	69,888	2,454	71,594	2,514	1,074	(1,440)
Hamblen	17	63,763	2,835	65,570	2,915	984	(1,932)
Hancock	11	6,652	682	6,640	681	100	(581)
Hawkins	18	57,273	2,148	58,164	2,181	872	(1,309)
Jefferson	19	53,006	1,749	56,872	1,877	853	(1,023)

Knox	23	448,093	9,976	475,569	10,588	7,134	(3,454)
Loudon	21	50,356	1,572	53,192	1,661	798	(863)
McMinn	17	53,004	1,807	54,203	1,848	813	(1,035)
Meigs	16	12,064	346	12,643	363	190	(173)
Monroe	19	45,664	1,517	48,088	1,598	721	(876)
Moore	10	6,369	97	6,401	97	96	(1)
Morgan	21	21,826	472	22,004	476	330	(146)
Pickett	6	5,045	271	4,943	266	74	(191)
Polk	11	16,654	427	16,588	425	249	(176)
Roane	22	53,918	2,354	54,457	2,378	817	(1561)
Scott	15	21,986	835	21,969	834	330	(505)
Sevier	18	93,637	2,452	100,362	2,628	1,505	(1,123)
Sullivan	13	158,451	5,259	161,136	5,348	2,417	(2,931)
Unicoi	11	18,334	659	18,511	665	278	(388)
Union	18	19,231	371	19,605	378	294	(84)
Van Buren	11	5,456	240	5,474	241	82	(159)
Washington	14	128,537	4,181	138,370	4,501	2,076	(2,425)
Total							(31,540)

Source: *Tennessee Population Projections 2000-2020, June 2013 Revision*, Tennessee Department of Health, Division Of Health Statistics, and the *Joint Annual Report of Home Health Agencies, 2013 (Final)*.

The applicant is seeking to establish a limited service home health agency, specifically to provide and administer home infusion products and related infusion nursing services. These services will be provided by a registered nurse who is appropriately credentialed and is certified with a CRNI designation (certified registered nurse infusion). Additionally, the applicant intends to provide the following skilled nursing services in conjunction with its home infusion therapy product; a) take and record vital signs; b) draw blood and other fluids for labs; c) treat any issues associated with the access site or port; d) change dressings associated with access points; e) administer the therapy or blood products; f) line maintenance; g) phlebotomy services; and h) infusion equipment and repair. These services and credentials are a unique service and not typical of the average Medicare certified home health agency available to East Tennesseans. The administrator of the home health agency will be the existing manager of the Knoxville Branch and will be seamlessly added to the existing infrastructure of the Knoxville Branch.

The applicant's nursing staff are specially trained in the art and skill of providing infusion therapies, most are certified, have over 1,600 hours of clinical infusion therapy experience, and have developed training and skills necessary to identify, collaborate, and treat therapy related effects, as well as communicate to patients on the proper care of catheter sites, sterile treatment, and monitoring of equipment and supplies.

According to the applicant, the types of patients will be restricted to infusion therapy patients. Types of infusion products to be administered include: antibiotics; total parenteral nutrition (TPN); hydration; cardiac products (such as inotropic therapies); intravenous immunoglobulin (IVIG) and other similar specialty drugs; pain management; antiemetic; and steroids. The types of patients served by Coram who have demonstrated needs for infusion nursing services from home which are otherwise unavailable from other home health agencies include the following:

- Specialty patients requiring IVIG and Alpha 1 therapies (IVIG is a plasma protein replacement for immune deficient patients who have decreased or abolished antibody production capabilities and Alpha 1 infusion therapy is given to treat the genetic disorder alpha 1 antitrypsin leading to decreased A1AT in the blood and lungs);
- First dose administration (First dose administration is the first time a prescribed infusion therapy is provided to the patient);
- Low intervention patients (a patient who is not homebound and does not require significant nursing intervention; rather they comprise a group of patients who are taught

to self-administer thereby limiting the number of home skilled nursing visits;

- Three dose schedule patients and rural and pediatric patients (three dose patients are infusion patients whose therapy is administered three times throughout the day); and
- Rural and Pediatric patients (rural patients are infusion therapy patients who reside well outside the major cities, and pediatric patients are children who require infusion therapy products and services).

According to the applicant, infusion nursing is highly specialized in protocol, equipment management, patient/family education training and time commitment. These aspects of home care delivery are not typical with the average Medicare certified home health agency patient profile and delivery, or with their available nursing staff. Average Medicare certified home health agencies patient profile including documentation in the Joint Annual Report Summary has the following characteristics:

- Homebound;
- Average visit duration is one to two hours;
- Equipment usually is not involved;
- 80% of the visits are Medicare patients; and
- 71% are 65 years of age or older with nearly 50% being 75 or older

Infusion nursing patients, and those proposed to be served by Coram limited service home health agency, differ from the average Medicare certified home health agency patient. Notable differences are:

- The predominant age of the patient is under the age of 65;
- Private insurance is the dominant payor;
- Specialty patient infusion visits last up to six hours (one time per month for lengthy infusions of immunoglobulin);
- Antibiotic therapy and TPN patients can have up to three doses (infusions) per day at eight hour intervals;
- Nurses require specialized understanding of and protocol for infusion equipment;
- The goal of infusion nursing is to train the patient to self-administer with limited follow up as needed by the nurse; and
- The patient may not be homebound, but may not have reasonable geographic or financial access to reach an ambulatory infusion center, hospital, or other venue for infusion; Infusion therapy in the home is more cost effective to the system than accessing the product and service in an institution.

The needs of this high specific patient population with unique infusion therapy requirements is not being met in the most appropriate, accessible, and available means. With Coram's approval for a limited service home health agency license, these access problems can be ameliorated.

The applicant states the uniqueness of its patient population drives the need for Coram to be

licensed as a home health agency. Approval of Coram's restricted home health license will enable a specific subset of the population to receive a higher standard of care in a lower cost environment, thereby contributing to the orderly development of health care while meeting a distinct patient and community need.

The applicant reports they have defined an unmet community need to provide home health services limited to infusion nursing and related services. The need for this service results from a lack of available or accessible home infusion nursing capabilities throughout East Tennessee. As a licensed pharmacy providing infusion therapy to patients in their homes, Coram is intimately familiar with the patients throughout the region and the hardships encountered by hospitals, physicians, and patients/families in effecting a timely discharge from the hospital when hospitalization is no longer required, but the patient and family have not initiated their first infusion dose nor are they knowledgeable about the process, the infusion equipment, and the specific regimen which must be followed. Furthermore, as the pharmacy providing the infusion product to the patient, Coram's staff regularly meets with the patients and understands their skilled nursing needs, but is unable to assist in that regard as it does not have a home health license.

The applicant's encounter with a patient begins upon the patient's attending physician ordering an infusion or service and a referral is made to the applicant (either by the physician or discharge planners at area medical centers). The applicant verifies insurance, the physician order, and the patient's demographic information and transmits that data to the pharmacy which compounds the patient's drug therapy. Three groups within the applicant's organization then coordinate the patient's care: the pharmacy with respect to the drug mix, the courier service for secure and timely delivery, and nursing for the education and administration. The applicant has implemented an electronic medical record system that securely communicates with the home office and summaries of care are shared with the patient's physician.

The applicant employs a director of nursing services who will be the supervisor for all the nursing functions associated with the applicant who will be available at all time during operating hour and shall participate in all activities relevant to the professional home health services provided, including the development of qualifications and assignment of personnel. In addition, the agency shall have a committee consisting of the nursing director, the agency's executive director, and the regional president who shall review at least annually past and present home health services to determine the appropriateness and effectiveness of the care provided.

According to the applicant, they are better able to meet this population's needs. This patient population's needs are not being met by incumbent home health providers, primarily because of reimbursement issues. They cannot get reimbursed for patients that are not home bound, they cannot get adequately reimbursed for infusion therapy that lasts several hours, and they only get reimbursed for one visit, even though three therapy regimens require three visits in the same day. Furthermore, the existing agencies will not treat patients on the first dose, and will not administer blood or blood products in the home. By granting the applicant's limited home health agency CON, these patients can remain in their home, thereby avoiding the time and inconvenience of traveling to an outpatient hospital clinic, as well as avoiding exposure of their immune suppressed bodies to nosocomial infections. Finally, care rendered by the applicant's certified infusion nurses is vastly superior to that of the RN untrained in spotting infusion complications, educating patients on the sterile site, and site maintenance.

The applicant projects 162 patients in year one and 178 patients in year two.

TENNCARE/MEDICARE ACCESS:

The applicant is a Medicare and Medicaid provider, certified as a pharmacy/DMEPOS. The applicant will not bill Medicare or Medicaid for Home Health Services.

The following chart provides a breakdown of payor sources for Year One of the project.

Medicare	\$0	0%
Medicaid/TennCare	\$0	0%
Commercial Ins,	\$169,484	89%
Self-Pay	\$11,426	6%
Charity	\$9,522	5%
Total	\$190,431	100%

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:

The Department of Health, Division of Policy, Planning, and Assessment has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine they are mathematically accurate and the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located in Supplemental 2, page 71R. The total project cost is \$98,000.

Historical Data Chart: The Historical Data Chart for the existing Knoxville location is located on page 77 of the application. The applicant reported 845, 755, and 792 patients in 2011, 2012, and 2013, respectively. The applicant reported net operating revenues of \$2,157,877, 2,054,861, and \$2,611,471, each year, respectively.

Projected Data Chart: The Projected Data Chart for is located on page 79 of application. The applicant projects 162/1,194 patients/visits and 178/1,313 patients/visits in years one and two, respectively. The total net operating revenue in year one is projected to be \$30,458 and \$33,504 in years one two of the project.

The applicant provided the average charges, deductions, net charge, and net operating income below.

	Year One	Year Two
Average Gross Charge/Visit	\$160	\$168
Average Gross Charge/Patient	\$1,176	\$1,236
Contractual Allowance/Patient	\$141	\$148
Average Net Revenue/Patient	\$1,046	\$1,100
Average Net Revenue/Visit	\$142	\$149

The applicant states the only alternative to this proposal is maintaining the status quo. Maintaining the status quo in East Tennessee means continued longer stays in hospitals; more costly hospital stays; further hardships on patients and their families; inability to enhance quality of infusion therapy services in East Tennessee; operating in a more costly healthcare environment despite the industry's focus on enhancing quality and decreasing costs; and rejecting a true improvement in healthcare delivery at a lesser cost.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:

The applicant states this proposal will not negatively impact existing home health providers as the services proposed will be very restricted and complement home health services provided by agencies throughout East Tennessee. Additionally, with Coram's intent to continue to train nurses at other home health agencies in the area of infusion, it is possible the quality of care in the overall home health community will increase.

Coram's restricted license will have a positive effect on existing institutional providers. Coram has a referral relationship for its infusion products with hospitals such as Vanderbilt University Medical Center, Emory Medical Center, East Tennessee Children's Hospital, Cookeville Regional Medical Center, Select Specialty Hospital, Johnson City Medical Center, Jonson City Medical Center, Morristown Hamblen Hospital, Blount Memorial Hospital, Tennova Healthcare System, and the University of Tennessee Medical Center. With the ability to have Coram's certified infusion nurses available for first dose protocol and training in a patient's home, patients will be discharged on a timelier basis from these area hospitals. The ultimate effect will be a decrease in patient costs across the continuum of the healthcare system.

According to the applicant, other benefits Coram believes will accrue to the community at large with its ability to provide infusion nursing services include but are not limited to the following:

- Less emergency room use;
- Better disease control;
- Fewer unscheduled physician office visits;
- Fewer total medications;
- Fewer hospitalizations;
- Better self and preventative care skills by the patient and family;
- Better drug compliance;
- Seamless delivery of care by infusion therapy provider;
- Certified infusion nurse able to provide hands on care in the patients home; and
- Skilled experience infusion able to teach the patient self-administration, compliance and safety.

Coram provides letters of support in Attachment C, Home Health Services, Item 5, the providers confirm the applicant's position that approving Coram's application to have a limited home health license will be a community benefit for patients, families, and providers.

The applicant sees no negative impact on the utilization of existing home health providers. This project will have a positive effect through more timely discharge and a cost savings for hospital referral sources and a positive effect on the home health community through enhanced quality care delivery in patient's homes.

The applicant will add 1.61 FTEs registered nurses to its existing staffing by year two of the project. Coram will place 1.0 FTEs CRNI in Knoxville and maintain a pool of 8 to 15 per diem/per visit CRNIs located near the larger population centers throughout the service area.

Coram has educational and training relationships with David Lipscomb University, University of Tennessee, various home health agencies, physician offices in-services, hospital case managers and dietician in-services.

The applicant will be licensed with the Tennessee Department of Health, Board for Licensing Healthcare Facilities and accredited by The Joint Commission.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan*.

HOME HEALTH SERVICES

1. The need for home health agencies/services shall be determined on a county by county basis.

The applicant's 32 county service area is presented in the Need section of this report.

2. In a given county, 1.5 percent of the total population will be considered as the need estimate for home health services in that county.

The 1.5 percent formula will be applied as a general guideline, as a means of comparison within the proposed service area.

County	# of Agencies Serving	2013 Population	Patients Served	2018 Population	Projected Capacity	1.5% of 2018 Population	Need/(Surplus) 2018
Anderson	19	76,182	2,893	77,851	2,956	1,168	(1,789)
Blount	18	126,809	2,507	135,171	2,672	2,028	(645)
Bradley	14	102,235	2,021	107,481	2,125	1,612	(512)
Campbell	18	41,163	1,715	42,566	1,773	638	(1,135)
Carter	11	57,228	2,072	57,680	2,088	865	(1,223)
Claiborne	15	32,457	2,002	33,280	2,053	499	(1,554)
Cocke	14	36,330	1,467	38,615	1,559	579	(980)
Fentress	7	18,290	1,015	18,987	1,054	285	(769)
Grainger	20	22,924	886	23,675	912	355	(557)
Greene	17	69,888	2,454	71,594	2,514	1,074	(1,440)
Hamblen	17	63,763	2,835	65,570	2,915	984	(1,932)
Hancock	11	6,652	682	6,640	681	100	(581)
Hawkins	18	57,273	2,148	58,164	2,181	872	(1,309)
Jefferson	19	53,006	1,749	56,872	1,877	853	(1,023)
Knox	23	448,093	9,976	475,569	10,588	7,134	(3,454)
Loudon	21	50,356	1,572	53,192	1,661	798	(863)
McMinn	17	53,004	1,807	54,203	1,848	813	(1,035)
Meigs	16	12,064	346	12,643	363	190	(173)
Monroe	19	45,664	1,517	48,088	1,598	721	(876)
Moore	10	6,369	97	6,401	97	96	(1)
Morgan	21	21,826	472	22,004	476	330	(146)
Pickett	6	5,045	271	4,943	266	74	(191)
Polk	11	16,654	427	16,588	425	249	(176)
Roane	22	53,918	2,354	54,457	2,378	817	(1561)
Scott	15	21,986	835	21,969	834	330	(505)
Sevier	18	93,637	2,452	100,362	2,628	1,505	(1,123)
Sullivan	13	158,451	5,259	161,136	5,348	2,417	(2,931)
Unicoi	11	18,334	659	18,511	665	278	(388)
Union	18	19,231	371	19,605	378	294	(84)
Van Buren	11	5,456	240	5,474	241	82	(159)
Washington	14	128,537	4,181	138,370	4,501	2,076	(2,425)
Total							(31,540)

Source: Tennessee Population Projections 2000-2020, June 2013 Revision, Tennessee Department of Health, Division Of Health Statistics, and the Joint Annual Report of Home Health Agencies, 2013 (Final).

3. Using recognized population sources, projections for four years into the future will be used.

The service area population projections are located in the Need section of this report.

4. The use rate of existing home health agencies in the county will be determined by examining the latest utilization rate as calculated in the Joint Annual Report of existing home health agencies in the service area.

Based on the number of patients served by home health agencies in the service area, an estimation will be made as to how many patients could be served in the future.

Provided in 2 above.

5. Documentation from referral sources:

- a. The applicant shall provide letters of intent from physicians and other referral sources pertaining to patient referral.

Coram provides letters of support in Attachment C, Home Health Services, Item 5 providers confirm the applicant's position that approving Coram's application to have a limited home health license will be a community benefit for patients, families, and providers.

- b. The applicant shall provide information indicating the types of cases physicians would refer to the proposed home health agency and the projected number of cases by service category to be provided in the initial year of operation.

The applicant complies.

- c. The applicant shall provide letters from potential patients or providers in the proposed service area that state they have attempted to find appropriate home health services but have not been able to secure such services.

- d. The applicant shall provide information concerning whether a proposed agency would provide services different from those services offered by existing agencies.

6. The proposed charges shall be reasonable in comparison with those of other similar facilities in the service area or in adjoining service areas.

- a. The average cost per visit by service category shall be listed.
- b. The average cost per patient based upon the projected number of visits per patient shall be listed.

The applicant provides these rates per county or region on page 55 of the application. The average cost per visit is projected to be \$118 in 2013.

The applicant will on occasion treat Medicare Covered and TennCare covered fusion patients. The applicant will either bill these patients at the applicant's self-pay rate private nursing visit, or if the patient qualifies for TennCare, apply to the applicant's charity pool and bad debt policy.